### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

rollo(+#

Directions: Print or type all information except when Make sure information is transmitted on all copies.	re signature is required.
	INFORMATION
	b. Generator Location: A Forcer Site
and lold	d. Address: 11300 Henn Hivehue
G1055+ 11+ 1111 -46138	Dearboard MT 11917/2
e. Phone No.: 731/- 192- 4000 7684	f. Phone No.:
g. Waste Common Name: 1565/05 Centanin	noted soil & debiis
	Odor: NONE
h. Special Waste Approval Number: 242 45 - 481	7
i. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned r 40 CFR 261 or any applicable state law; has been properly classified and packa	naterial is not a hazardous waste as defined by BG - BAG
according to applicable regulations.	UNITS
Generator Authorized Agent Name Signature	FUERA OSUB OS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER	TRANSPORTER 2
a. Name: TAKAND WATERS forution Contra	h. Name:
b. Address 2021 S. Schaufer they	i. Address:
c. Driver Name: CHE ORGH WAIGNER	j. Driver Name:
d. Phone No. 841-5800 e. Truck No. 23405/12	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: RU3978 - Mich.	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
Juge 16 pm 05/805	n.
Driver-Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FACIL	ITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c Phone No : 734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	ed for disposal at this facility.
,	
f. Name of Authorized Agent Signature	Receipt Date
ASB	ESTOS
a. Operator's Name: LISERA Rou S. N - Forcar	b. Operator's Phone No. 734-692-7684
c. Operator's Address: 14300 Henry De	b. Operator's Phone No. 734-692-7684
d. Special Handling Instructions and additional information:	
DPERATOR'S CERTIFICATION: I hereby declare that the contents	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian /e// OSC Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	URAL RESOURCES
g. ☑ Friable; ☐ Non-friable; ☐ Both	% friable% friable
	spervises the facility being demolished or renovated, or the demolition or renovation

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

White - Disposal Facility

Yellow - Transporter Copy

NON-HAZARDOUS SPECIAL WASTE MANIFEST

1050

White - Disposal Facility

Yellow - Transporter Copy

Make sure information is transmitted on all copies.	e signature is required.
GENERATOR	INFORMATION
a. Generator Name: LISEPA REGIDAL V	b. Generator Location: NFTercer Site
c. Address: 9311 Grop Bal	d. Address: 14300 HENNI AVENUE
Grosse Ile MV-X48138	Dearborn MI 48126
e. Phone No.: 134-692-9640-7684	f. Phone No.:
g. Waste Common Name: Abbestos cuntari	unated guil & debris
Color: Brown / Black Mydebris	Odor: None
h. Special Waste Approval Number: 248-15-181	7
i. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL-DRUM
-	DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned n 40 CFR 261 or any applicable state law; has been properly classified and packa	gred and is in proper condition for transportation TR - TRUCK
according to applicable regulations.	UNITS
Generator Authorized Agent Name Signature	Shipment Date  P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Infand waters.	h. Name:
b. Address: 2021 5 rchafer Huy	i. Address:
Detroit m. 48217	
c. Driver Name: PRINT/TYPE	j. Driver Name:
d. Phone No.: 712-541-5400 e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:
22/16 042505	
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	ITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	
e. TICKET No.:	
I hereby certify that the material described above has been accept	
i hereby certify that the material described above has been accept	ed for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
	ESTOS
a. Operator's Name: USEPA Reg 5 N-Farcer	b. Operator's Phone No. 734-692-7684
c. Operator's Address: 14-300 Henry Dear	born, MI 48126
d. Special Handling Instructions and additional information:	per asbestos
OPERATOR'S CERTIFICATION: I hereby declare that the contents	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title:	Operator's Signature Date
f. Name and address of responsible agency:	2
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909	
	% friable% non-friable
	pervises the facility being demolished or renovated, or the demolition or renovation
operation, or both.	y and definition of followallon

Pink - Generator 2nd Copy

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

a. Generator Name: USLPA PAYON b. Generator Location: 11-701047 c. Address: 9311 Grob Rd d. Address: 11300 HANN	
c. Address: 9311 GILL Rd d. Address: 11300 HENNI	
d. Address.	Site
	Avenue
Gussethe IIII 48138 Nearborn 111	4/8126
e. Phone No.: 1311-197-7000 f. Phone No.:	1
g. Waste Common Name: 450005 COMMANIAN OF SOIL E CE	
Color: BIGUAL BLOCK W CHEDELS Odor: NICHE	* *1
h. Special Waste Approval Number: 110-45-4317	
i. Customer Account Number:	TYPE
DIDD 25 FIRE	DM - METAL DRUM DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by	DF - FIBER DRUM BG - BAG TR - TRUCK
40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.	OT - OTHER UNITS
Bri Vall , Rm : 1000 - 500 043005	P - POUNDS Y - CUBIC YARDS
Generator Authorized Agent Name  Signature  Signature  Shipment Date	T - TONS O - OTHER
TRANSPORTER INFORMATION	
	TED 0
a. Name: INCANO WATERS h. Name:	
7	
b. Address: i. Address:	
DREI DRAKI	
c. Driver Name: PRINT/TYPE j. Driver Name: PRINT/TYPE	
d. Phone No.: e. Truck No.: 20148 k. Phone No.: I. Tr	ruck No.:
f. Vehicle License No./State: m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials	s Described Above.
g. Driver Signature Shipment Date n. Driver Signature	Shipment Date
	Oripment Date
DISPOSAL FACILITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343	
	y Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343 b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Canton Township, Michigan 48188 USA Canton Township, Michigan 48	
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley  Canton Township, Michigan 48188 USA Canton Township, Michigan 48	
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley  Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.:	
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley  Canton Township, Michigan 48188 USA Canton Township, Michigan 48	
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley  Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.:	
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.	
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.	
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent Signature  ASBESTOS	
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent Signature  ASBESTOS  a. Operator's Name: 5011 South Lilley Canton Township, Michigan 48  Canton Township, Michig	
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name:  Canton Township, Michigan 48  Can	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  canton Township, Michigan 48  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:	97 - 768 USA
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name:  Canton Township, Michigan 48  Can	described above by propri
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name: Coperator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transitions.	described above by propri
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Canton Township, Michigan 48188 USA Canton Township, Michigan 48  e. TICKET No.:	described above by proprisport by highway according
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Canton Township, Michigan 48188 USA Canton Township, Michigan 48 e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent Signature Receipt Date  ASBESTOS  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for trant to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  Operator's Signature	described above by proprisport by highway according
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48 e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  ASBESTOS  a. Operator's Name: C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for trant to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  Operator's Signature  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909	described above by proprisport by highway according

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

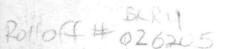


Make sure information is transmitted on all copies.	e signature is required.
**************************************	INFORMATION
a. Generator Name: USEPA RECHEAL V	b. Generator Location: N- FOICER SHE
c. Address: 9311 Grub Rd	11/701
Grosse Ile In 48138	
	f. Phone No.:
g. Waste Common Name: Abbestos (Lintami)	
color: Brown Black W debris	
h. Special Waste Approval Number:	
i. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	ged, and is in proper condition for transportation  OT - OTHER
Brian Kell/ Generator Authorized Agent/Name  Bree Kell/ Signature	Shipment Date  UNITS P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Inknow wotar	h. Name:
b. Address: 2001 S. Saveday // Lax	
A-tout m. 4-24	
c. Driver Name: A Merchanis	j. Driver Name:PRINT/TYPE
d. Phone No.: 46-84/58 e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.
Acknowledgement of riedept of waterials beschool above.	Acknowledgement of Necespt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	ITY INFORMATION
CALIF TRAIL LILLS DEVELOPMENT	704 207 7242
MANG [HML의 16] IN 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c. Phone No.: 734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	ed for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
	ESTOS
2 2 2 4 5	b. Operator's Phone No. 734-692-7654
a. Operator's Name: USE / A PGS /V-FGGS	Dearborn MT 48126
d. Special Handling Instructions and additional information:	
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Helly asc	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	URAL RESOURCES
g. 🗆 Friable; 🗆 Non-friable; 🗆 Both	% friable % non-friable
*Operator refers to the company which owns, leases, operates, controls, or su operation, or both.	pervises the facility being demolished or renovated, or the demolition or renovation

Yellow - Transporter Copy

White - Disposal Facility

Pink - Generator 2nd Copy



White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

Make sure information is transmitted on all copies.	INFORMATION	THE RESERVE TO SERVE THE PARTY OF THE PARTY
11/25/200 77	INFORMATION	6
a. Generator Name: 15HP KEGICAL		orte
c. Address: 9311 Grob Rd	d. Address: 14300 HONIKI	Aveilue
Grosse Tle 1111 48138	bearborn mit	48.126
	f. Phone No.:	
g. Waste Common Name: Abbiblio Containi	noded soil & dob	113
Color: BICUAL/ Black 14 debris	Odor: NONE	
h. Special Waste Approval Number: 117-45-48	/	TVDE
i. Customer Account Number:	j. Quantity Type Units	TYPE DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packan according to applicable regulations.		BG - BAG TR - TRUCK OT - OTHER
Generator Authorized Agent Name Signature	FUERA 042905 Shipment Date	P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORT	ER 2
a. Name: TNAAND WATERS	h. Name:	
b. Address: 202/ 5 5 CMBE FEA HIM	i. Address:	
DETROIT IME YSI37		
c. Driver Name: PRINT/TYPE	j. Driver Name:	
d. Phone No.: 3 54/-0300 e. Truck No.: 20144	k. Phone No.:I. Tr	ruck No.:
f. Vehicle License No./State: 17.6.7.7.7.8.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	m.Vehicle License No./State:  Acknowledgement of Receipt of Materials	s Described Above
All III a Guarante	Actiowicagement of Tiescipt of Material	Described Above.
g. Driver Signature Shipment Date	n. Driver Signature	Shipment Date
DISPOSAL FACI	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	
		Dood
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lille	y Road
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA	d. Mailing Address: 5011 South Lille Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA		
Canton Township, Michigan 48188 USA e. TICKET No.:	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA e. TICKET No.:	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature	Canton Township, Michigan 48 red for disposal at this facility.  Receipt Date	
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASB	Canton Township, Michigan 48 red for disposal at this facility.  Receipt Date	
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  ASB  a. Operator's Name:	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No. 7346	
e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  ASB  a. Operator's Name:  C. Operator's Address:	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.	
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  ASB  a. Operator's Name:	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No. 7346	
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASE  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for transport and the second	described above by proper
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  ASE  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for transport and the second	described above by prop
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  ASB  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for transport and the second	described above by proprisport by highway according
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  ASB  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are in all respects and the consignment are fully and accurately are all respects and the consignment are all respects and the consignment are	described above by proprisport by highway according
e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  ASB  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028  LANSING, MI 48909	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully are in all respects are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully are in all respects of the consignment are fully are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully are accurately are in all respects of the consignment are fully are accurately accurately are accurately are accurately accurately accurately are accurately accurately are accurately accurately accurately accurately accurately accurat	described above by proprisport by highway according Date
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully and accurately are in all respects of the consignment are fully are in all respects of the consignment are fully are in all respects of the consignment are in all respects of the cons	described above by proposport by highway according Date

Polloff# 0255

#### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

11.55 - 2.2 - 22	RINFORMATION
a. Generator Name: (15+PF) Hegital V	b. Generator Location: M- FUNCEY 3116
c. Address: 9311 Grob Bd	d. Address: 11/300 Henn Avenue
	Deciberal 1111 4/2/26
e Phone No: 734-192-1935 7684	f Phone No :
g. Waste Common Name: 15/5/05 CUTIOITIII	nated sell & debirs
Color: Brown Black Widebris	Odor: ALME
h. Special Waste Approval Number: 2413- 45- 1/61	
i. Customer Account Number:	j. Quantity Type Units DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned 40 CFR 261 or any applicable state law; has been properly classified and pack-	
Generator Authorized Agent Name  Brand Market Signature	Shipport Date  UNITS P - POUNDS Y - CUBIC YARDS T - TONS
Generator Authorized Agent Name Signature	Shipment Date O - OTHER
TRANSPORTE	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Internal westers	_ h. Name:
b. Address: 2621 S. Schanfor Hay	i. Address:
11-Tre, + m. 48217	
c. Driver Name:	j. Driver Name:
d. Phone No.: 111-641-7400 e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n
DISPOSAL FACI	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
	Canton Formonip, Misnigan 10100
e. TICKET No.:	_
I hereby certify that the material described above has been accep	ted for disposal at this facility.
f. Name of Authorized Agent Signature	Resolut Date
	Receipt Date BESTOS
ASE	
and a state of the state of the state of	
a. Operator's Name: USEPA Rog 5 N+FV(R)	b. Operator's Phone No.
a. Operator's Name: USEPA Roa S NAFOVCEY  c. Operator's Address: 14 300 FEMM Dear	
a. Operator's Name: 15 F A Rough S A Fove S C. Operator's Address: 14 300 F M Dear C. Operator's Address: 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents	s of this consignment are fully and accurately described above by prope
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and	s of this consignment are fully and accurately described above by proped are in all respects in proper condition for transport by highway according
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	s of this consignment are fully and accurately described above by proped are in all respects in proper condition for transport by highway according
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type	s of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according Operator's Signature  Date
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028  LANSING, MI 48909	s of this consignment are fully and accurately described above by proped are in all respects in proper condition for transport by highway according Operator's Signature  Date

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.		
	INFORMATION	
3 4 4 4 4	b. Generator Location: N-Force 511e	
0.011 / 1 37 / /	d. Address: 1/366 Helly Avenue	
Guisse Ile MII = 4/8/38	New born MT UEIZL	
1211 112 JM L	f. Phone No.:	
O. I HOHO ITO.:	nated suit & debris	
Color: Brown Black of debis	Odor: NIME	
h. Special Waste Approval Number: 142 - 15- 4/917	,	
1 111/11	j. Quantity Type Units TYPE DM - METAL DRUM	
	DP - PLASTIC DRUM DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned may 40 CFR 261 or any applicable state law; has been properly classified and package	red and is in proper condition for transportation TR - TRUCK	
according to applicable regulations.	UNITS	
Generator Authorized Agent Name Signature	Shipment Date  P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER	
TRANSPORTER	RINFORMATION	
TRANSPORTER 1	TRANSPORTER 2	
	h. Name:	
b. Address: 2021 S. Schaefer 4/wy	i. Address:	
DETROIT, MICH.		
c. Driver Name: THEORYE DAGNELS PRINT/TYPE	j. Driver Name:PRINT/TYPE	
d. Phone No.: 313 84/ 5800 e. Truck No.: 23405/129	k. Phone No.: I. Truck No.:	
f. Vehicle License No./State: 7211 3978	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.	
g. Driver Signature Date Shipment Date	n. Driver Signature Shipment Date	
DISPOSAL FACIL	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	
b. Physical Address: 5011 South Lilley Road		
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA	
e. TICKET No.:		
I hereby certify that the material described above has been accepte	d for disposal at this facility.	
4		
f. Name of Authorized Agent Signature		
	ESTOS	
a. Operator's Name: USFRA Rog 5 N-Forcer		
c. Operator's Address: 14 300 He NN Dea	700	
d. Special Handling Instructions and additional information:	s per a shested	
	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according	
e. Operator's Name & Title: Brian Kelly osc	Operator's Signature Date	
f. Name and address of responsible agency:	Sparate Saldington	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATU PO BOX 30028 LANSING, MI 48909	IRAL RESOURCES	
× /	% friable% non-friable	
	ervises the facility being demolished or renovated, or the demolition or renovation	

Yellow - Transporter Copy

White - Disposal Facility

Pink - Generator 2nd Copy

# SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies	
GENERATO	R INFORMATION
a. Generator Name: 15t PH Hegibal V	_ b. Generator Location: N FOICE SITE
	d. Address: 1/3CC Hellin Hiveline
Grossf 7/4 /117 48138	
e. Phone No.: 134-141-7146	_ f. Phone No.:
g. Waste Common Name: 150-5165 CCHAD	mirated Soil & debris
Color: BIGUAL BLACK CUI de DIIS	
h. Special Waste Approval Number: 112-15-1151	
i. Customer Account Number:  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	j. Quantity Type Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG  TYPE DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and pacacording to applicable regulations.	
Generator Authorized Agent Name  Brzec McCl Signature	
TRANSPORT	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: TAGANIS WATE-165	h. Name:
b. Address; 2021 S SCHARTIEIS HWY	i. Address:
DETROIT PATE 1/427	
c. Driver Name: 1613 MILE PRINT/TYPE	j. Driver Name:
d. Phone No.: 3-55//	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 134 6939	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n Shipment Date
DISPOSAL FAC	CILITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
	d. Mailing Address: 5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	A CONTRACTOR OF THE CONTRACTOR
I hereby certify that the material described above has been acce	epted for disposal at this facility.
f	
Name of Authorized Agent Signature	Receipt Date
AS	BESTOS (C)
a. Operator's Name: USEPA Reg 5, N torce	b. Operator's Phone No. 434 134 - 692 - 7680
c. Operator's Address: 43,0 tell	Dear horn, Mil
d. Special Handling Instructions and additional information:	5 ger aspestos
	nts of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Velly, CSC Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NA PO BOX 30028 LANSING, MI 48909	ATURAL RESOURCES
g. Friable; Non-friable; Both	% friable % non-friable
*Operator refers to the company which owns, leases, operates, controls, or operation, or both.	supervises the facility being demolished or renovated, or the demolition or renovation
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy

Make sure information is transmitted on all copies.		
GENERATOR INFORMATION		
113-00	b. Generator Location: Al- Forcer Site	
	d. Address: 14300 Henn Avenue	
fi with the same and the same		
The state of the s		
	f. Phone No.:	
g. Waste Common Name: 15000 (CD) (CD) (CD)		
Color: BLOWN Black L. Debits		
h. Special Waste Approval Number: 217- 15- 151	7	
i. Customer Account Number:	j. Quantity Type Units DM - METAL DRUM	
	DP - PLASTIC DRUM DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m 40 CFR 261 or any applicable state law; has been properly classified and package.	ged and is in proper condition for transportation	
according to applicable regulations.	OT - OTHER UNITS	
Generator Authorized Agent Name  Break Kolly Signature	For EPA 043005 P - POUNDS Y - CUBIC YARDS	
Generator Authorized Agent Name Signature	Shipment Date T - TONS O - OTHER	
TRANSPORTE	RINFORMATION	
a. Name: TNFAND WATERS	TRANSPORTER 2	
M	h. Name:	
b. Address: DETROIT MI	i. Address:	
00-		
c. Driver Name PELARSKI PRINT/TYPE	j. Driver Name:	
d. Phone No.: e. Truck No.: 2014/8	k. Phone No.:I. Truck No.:	
f. Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.	
Olall Gladet		
g. Driver Signature Shipment Date	n Shipment Date	
DISDOCAL FACIL	ITY INFORMATION	
DISPOSAL FACIL	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA	
e. TICKET No.:		
I hereby certify that the material described above has been accepted	ed for disposal at this facility.	
f		
Name of Authorized Agent Signature	Receipt Date	
ASBI	ESTOS	
a. Operator's Name: USEPA #95 N-FUCOV	b. Operator's Phone No. 730 - 692 - 1689	
c. Operator's Address: 14300 tenn 1100	arborn MI 48126	
d. Special Handling Instructions and additional information:	Der aspestes	
	of this consignment are fully and accurately described above by proper	
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	are in all respects in proper condition for transport by highway according	
e. Operator's Name & Title: Print/Type	Operator's Signature Date	
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATU PO BOX 30028 LANSING, MI 48909	JRAL RESOURCES	
	% friable% non-friable	
	pervises the facility being demolished or renovated, or the demolition or renovation	
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy	

MANIFEST NUMBER 15816

Make sure information is transmitted on all copies.	
	RINFORMATION
a. Generator Name: USEPH REGICAL V	b. Generator Location: N. Files Site
201 A 1 13 1 1	d. Address: 14300 Heim Avance
Gusselle MI CALIBE	Dearborn 1111 48126
e. Phone No.: 1311-642 - 4166 7684	f. Phone No.:
	Odor: NOME
h. Special Waste Approval Number: 245-4/817	
i. Customer Account Number:	i Quantity Type Units TYPE
I. Customer Account Number.	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned 40 CFR 261 or any applicable state law; has been properly classified and pack according to applicable regulations.	material is not a hazardous waste as defined by BG - BAG
Break College Break College Signature Signature	P - POUNDS
TRANSPORT	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Interes westers	The state of the s
b. Address: 2021 S. Schooling Huy	
P-Trail 2: 4F217	1.00
c. Driver Name: D. Alou Go PRINT/TYPE	j. Driver Name:
d. Phone No.: 41-8-41-17-00 e. Truck No.: 96	
f. Vehicle License No./State: 4775 AC. m.	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FAC	ILITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	_
I hereby certify that the material described above has been accept	pted for disposal at this facility.
	1 <u>224 - 124 - 124 - 1</u> 24 - 124
f	
Name of Authorized Agent Signature	Receipt Date BESTOS
a. Operator's Name:	b. Operator's Phone No. 734-692-7684
	s per asbestos
shipping name and are classified, packed, marked, and labeled, an to applicable international and government regulations.	ts of this consignment are fully and accurately described above by prope d are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Velly 105C Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NA PO BOX 30028 LANSING, MI 48909	TURAL RESOURCES
	% friable% non-friable
	supervises the facility being demolished or renovated, or the demolition or renovation
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy

#### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required.

Make sure information is transmitted on all copies.	and the second and th
GENERATOR	INFORMATION
a. Generator Name: USEPA Region V	b. Generator Location: M- FUREY SITE
A	d. Address: 14300 Heim Avenue
Gausse Ile ME 1/8138	Deathern my 1/610/2
	TRUITAIN 1113 176126
C. LIIOHE IVO	f. Phone No.:
	nated guil & debiis
Color: BLOWN Black W/ Chis	Odor:
h. Special Waste Approval Number: 1112-45-4817	
i. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL DRUM
	00025 TR DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m	naterial is not a hazardous waste as defined by BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	iged, and is in proper condition for transportation OT - OTHER
D. V. 11	P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date  Y - CUBIC YARDS T - TONS
	O - OTHER
TRANSPORTE	RINFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: INI and whiter!	h. Name:
b. Address: 2021 S. Schaule Hay	i. Address:
P-Troit M. 48217	The second of th
c. Driver Name: R. Blan Gen PRINT/TYPE	j. Driver Name:PRINT/TYPE
d. Phone No.: 117 - FVI FROL e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
0-1805	
Driver Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FACIL	ITY INFORMATION
	c. Phone No.: _734-397-7343
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	ed for disposal at this facility
Thoroby comity that the material described above has seen accept	od for disposal at this fashiy.
f. Name of Authorized Agent Signature	Receipt Date
	ESTOS
a. Operator's Name: 45 EPA Reg 5 N-Force c. Operator's Address: 14 300 Levy 0	b. Operator's Phone No
c. Operator's Address:	eurborn, m T 48126
d. Special Handling Instructions and additional information:	s per 1shestos
	of this consignment are fully and accurately described above by proper
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	are in all respects in proper condition for transport by highway according
	Bri 1166 E Em 051805
e. Operator's Name & Title: Brian Velly CSC Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATI	URAL RESOURCES
PO BOX 30028	
LANSING, MI 48909	
LANSING, MI 48909	% frights
g. 🗆 Friable; 🗆 Non-friable; 🗆 Both	% friable% non-friable
g. 🗆 Friable; 🗆 Non-friable; 🗆 Both	% friable % non-friable pervises the facility being demolished or renovated, or the demolition or renovation

RS110FF # 1025890
SAUK TRAIL HILLS DEVELOPMENT

### **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except when Make sure information is transmitted on all copies.	e signature is required.
	INFORMATION
a. Generator Name: USEPH REGICAL V	b. Generator Location: M- Forcer 511e
	d. Address: 14300 Henn Avenue
	Dearborn M1 4/8/126
e. Phone No.: 731/-692 - 400-6 7634	
g. Waste Common Name: 15/16/16 Cuntainly	t. Phone No.:
	. 1
	Odor: NONE
h. Special Waste Approval Number: 21/2 - 15 - 4/8/	T/DE
i. Customer Account Number:	j. Quantity Type Units DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM
CENERATORIS CERTIFICATION. I hereby actify that the above martisped a	DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packat	
according to applicable regulations.	UNITS P - POUNDS
Generator Authorized Agent Name  Signature	Shipment Date  Y - CUBIC YARDS T - TONS
delierator Authorized Agent wante Signature	O - OTHER
TRANSPORTE	RINFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Infand water	h. Name:
b. Address: 2021 S. Sobarator thay	i. Address:
October 11, 48217	
c. Driver Name: R. Man & Col	j. Driver Name:
d. Phone No.: 7/7 - 4/1 - 6800 e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
0 1905	n.
Driver Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FACIL	ITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343
	d. Mailing Address: 5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
	Canton Township, Michigan 40100 USA
e. TICKET No.:	
I hereby certify that the material described above has been accepted	ed for disposal at this facility.
f	
Name of Authorized Agent Signature	Receipt Date
	ESTOS
a. Operator's Name: US EPA Ray 5 N - Force V	b. Operator's Phone No. 134 -692 - 768 +
c. Operator's Address: 14 300 He wy Dearb	orn, MT 48126
d. Special Handling Instructions and additional information:	s por aspostos
OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and	of this consignment are fully and accurately described above by pro
to applicable international and government regulations.	
e. Operator's Name & Title:	Operator's Signature Date
f. Name and address of responsible agency:	***
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATI PO BOX 30028 LANSING, MI 48909	URAL RESOURCES
	% friable% non-friable
	pervises the facility being demolished or renovated, or the demolition or renova
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

MANIFEST NUMBER

15814

1130

Make sure information is transmitted on all copies.	
the state of the s	RINFORMATION
a. Generator Name: USEPH REGION	b. Generator Location: M- FULCET SITE
c. Address: <u>4311 Grob Rol</u>	d. Address: 11300 Henn Avenue
Grosse Ile MI +18136	Dearborn 1111 48126
e. Phone No.: 131/-192 - 7654	f. Phone No.;
g. Waste Common Name: 15/5/165 10/11/16/11/	imted soil & debis
color: Braux/ Blank w/ debiis	Odor: NOAJE
h. Special Waste Approval Number: 217-45-481	
i. Customer Account Number:	j. Quantity Type Units DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned 40 CFR 261 or any applicable state law; has been properly classified and pack	material is not a hazardous waste as defined by BG - BAG
according to applicable regulations.  Generator Authorized Agent Name  Signature	F., FAR Shipment Date  UNITS P - POUNDS Y - CUBIC YARDS T - TONS
the state of the s	O - OTHER
TRANSPORTER 1	TRANSPORTER 2
a. Name: Intend wester	
b. Address: 2021 S. Calanter Hay	16 27 27 28 38 31 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1
Octroit M. 48217	
c. Driver Name: PRINT/TYPE	j. Driver Name:
d. Phone No.: 318 - 84/ 5700 e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACI	LITY INFORMATION
CALIF TO ALL HILLS DEVELOPMENT	794 907 7949
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
	d. Mailing Address: 5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accep	ited for disposal at this facility.
f	
Name of Authorized Agent Signature	Receipt Date BESTOS
a. Operator's Name: 43 FTF Reg 5 N-Forces	b. Operator's Phone No. 734-692-7684
d. Special Handling Instructions and additional information:	por dishestes
	s of this consignment are fully and accurately described above by proper described are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Felly OSC Print/Type	Bearles For EPA OS 1305 Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	TURAL RESOURCES
g. Friable; Non-friable; Both	% friable % non-friable
*Operator refers to the company which owns, leases, operates, controls, or si	upervises the facility being demolished or renovated, or the demolition or renovation
operation, or both.	

DOIOFF # BKK

### 5 7 SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies.	INFORMATION
0-11 0 1 0 1	b. Generator Location: Notice Site
A will be a second of the second	d. Address: 11300 HEALL FIVERIOE
Grosse He MT 48138	DEARDORN III 48126
e. Phone No.: 134-642-4666 7684	f. Phone No.:
g. Waste Common Name: ADROMO COMMON	
h Special Waste Approved Number: 242- 15-45	Odor: None
II. Special Waste Approval Number.	j. Quantity Type Units TYPE
i. Customer Account Number:	DM - METAL DRUM DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned r	, I IB - IBUCK I
40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	aged, and is in proper condition for transportation OT - OTHER UNITS
Brian Kelly Bren Kells	P - POUNDS Y - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date T - TONS O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: TNLAND WATERS	h. Name:
b. Address 202/ 5 5 C/49 5 5 6 7	i. Address:
1)ETROIT MT 3/8/20	
c. Driver Name: PRINT/TYPE	j. Driver Name:
d. Phone No.: 3 -84/-5500 e. Truck No.: 20/4/4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: #466555	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
b. Physical Address: 5011 South Lilley Road	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	ed for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
	ESTOS
	b. Operator's Phone No.
a Constitute Address 14300 Henry No.	Whive MI 48126
a. Operator's Name: USEPA Reg S N-Fovor  c. Operator's Address: 1 + 300 + 000   000	vor ashestos
d. Special Handling Instructions and additional information:	per ashestes
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and	of this consignment are fully and accurately described above by proper
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according Operator's Signature
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028  LANSING, MI 48909	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according  Operator's Signature  Date
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028  LANSING, MI 48909  g. □ Friable; □ Non-friable; □ Both	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according  Operator's Signature  Date  URAL RESOURCES

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

White - Disposal Facility

Rolloff# 026169 825

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except whe Make sure information is transmitted on all copies.	
	RINFORMATION
a. Generator Name: USEPA REGION V	b. Generator Location: Al-Furcer Site
	d. Address: 14300 HEAIN AVENUE
Grosse Ile MI 38/38	n har libini
e. Phone No.: 134-1692 - 7684	f. Phone No.:
The second secon	minated Soil & debris
Color: Brown / Black w/ debris	Odor: MONE
h. Special Waste Approval Number: 242-45-481	7
i. Customer Account Number:  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	j. Quantity Type Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - FIBER DRUM BG - BAG  BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and pack according to applicable regulations.	aged, and is in proper condition for transportation OT - OTHER
Generator Authorized Agent-Name  Bell Media Signature	Shipment Date  UNITS P - POUNDS T - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Interest waters	
b. Address: 2021 F Talleda May	
Attack 10's 48217	
c. Driver Name: A Male Con PRINT/TYPE	j. Driver Name:
d. Phone No.: 111 FULL PLOCE e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACI	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
	Carlott Township, Illianingan 10.100
I hereby certify that the material described above has been accept	oted for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
	BESTOS
a Consister a Name USEPA Por 5 N-Fevrer	h Operator's Phone No 9/ 734-692-7684
c. Operator's Address: 14300 Henn Dec	_ b. Operator's Phone No. \( \frac{734-692-7684}{48126}
c. Operator's Address.	is new ashestes
d. Special Handling Instructions and additional information:	
	s of this consignment are fully and accurately described above by proper d are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kell OSC Print/Type	Operator's Signature  Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	TURAL RESOURCES
g. 🗆 Friable; 🗆 Non-friable; 🗆 Both	% friable % non-friable
*Operator refers to the company which owns, leases, operates, controls, or s operation, or both.	supervises the facility being demolished or renovated, or the demolition or renovation

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

White - Disposal Facility

Polloff# 026205 1045

Make sure information is transmitted on all copies.	e signature is required.
	INFORMATION
a. Generator Name: USEPA ARGUAL V	b. Generator Location: N-Forcer Site
and a final	d. Address: 14300 HENNI AVENUE
Grosse Ile MED 48138	Dearborn MI 48126
1911 100 mm 1 mail	f. Phone No.:
	minated Soil & Debris
color: Brown / Black Ydebris	Odor: NONE
h. Special Waste Approval Number: 242 - 45 - 481	7
i. Customer Account Number:	j. Quantity Type Units TYPE
ii. Subtoffici / Goodili (Mariboti.	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m	aterial is not a hazardous waste as defined by BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and packag according to applicable regulations.	ged, and is in proper condition for transportation  OT - OTHER  UNITS
Brian Velly Generator Authorized Agent Name Signature	D BOUNDS
Generator Authorized Agent Name Signature	Shipment Date T - TONS O - OTHER
TRANSPORTER	RINFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Inkand waters	h. Name:
b. Address: 2021 1. Saunton	i. Address:
Vator + M. 4-217	
c. Driver Name: 1. BKand Food	j. Driver Name:
d. Phone No.: 211-241-5800 e. Truck No.: 96	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:
2/2/10/5	
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	ITY INFORMATION
SALIK TRAIL HILLS DEVELOPMENT	724 207 7242
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA
	Caritori Township, Michigan 46166 USA
e. TICKET No.:	*.
I hereby certify that the material described above has been accepted	d for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
	ESTOS
a. Operator's Name: USEPA Ras, N-Fovcer	
a. Operator's Name:	born m T 48/26
c. Operator's Address:  d. Special Handling Instructions and additional information:	
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Lelly CSC Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATU PO BOX 30028 LANSING, MI 48909	URAL RESOURCES
g. Friable; Non-friable; Both	% friable% non-friable
*Operator refers to the company which owns, leases, operates, controls, or supoperation, or both.	pervises the facility being demolished or renovated, or the demolition or renovation
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy

### Rolloff # 02625 SAUK TRAIL HILLS DEVELOPMENT **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except when Make sure information is transmitted on all copies.	re signature is required.
The state of the s	INFORMATION
	b. Generator Location: 11- Forcer Cite
2011 1 1 2 1 1	d. Address: 14300 Henn Avenue
Grosse Ile MI 5 48138	APARTOKAL INT 4/8/2/0
e. Phone No.: 131-692-4666-7684	f. Phone No.:
	nated Soil & debris
Color: Brund Black Wdeby15	. And a
h. Special Waste Approval Number: 242-45-4817	
i. Customer Account Number:	i. Quantity Type Units TYPE
i. Customer Account Number.	DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned r	
40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	aged, and is in proper condition for transportation  OT - OTHER  UNITS
Generator Authorized Agent Name Signature	D BOUNDS
Generator Authorized Agent Name Signature	Shipment Date T - TONS O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: TN/ANN WATERS	h. Name:
b. Address 2021 S SCHOCKER HWV	i. Address:
DETRACT ME YX 127	
c. Driver Name: Te V PRINT/TYPE	j. Driver Name:
d. Phone No.: 3 511-5300e. Truck No.: 2014-5	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: 866755	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
- Cylletter 08/2205	n
Driver Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FACIL	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	
e. TICKET No.:	
I hereby certify that the material described above has been accept	ted for disposal at this facility.
Thereby contay that the material december above has been accept	ou is aspect at the lasting.
f. Name of Authorized Agent Signature	Receipt Date
ASB	ESTOS
a. Operator's Name: U.S. E. P.A. Reg. 5-12-Forcer	b. Operator's Phone No. 734 - 692 - 7684
a. Operator's Name: USEPAReg5-12-Forcer  c. Operator's Address: 14300 He nn Deg  d. Special Handling Instructions and additional information:	1 born, MT 48126
d. Special Handling Instructions and additional information:	por asbostes
	of this consignment are fully and accurately described above by prope
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly, 65 C	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	URAL RESOURCES
	% friable% non-friable
	upervises the facility being demolished or renovated, or the demolition or renovatio
operation, or both.	, and a second s

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

White - Disposal Facility

Directions: Print or type all information except whe Make sure information is transmitted on all copies.	re signature is required.
	INFORMATION
HALAM A	b. Generator Location: N. Forcer Site
c. Address: 931 Grub Rd	1117 - 11 17
Gress 11e MT 48138	Dearbern MI 48176
Maril Long Co.	
New London	f. Phone No.:
g. reads	unated self educt
Color: DIGULI BLACK COLDEDIS	Odor: Norte
h. Special Waste Approval Number:	TVDS
i. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL DRUM DP - PLASTIC DRUM
CENERATORIS CERTIFICATION. I hereby podify that the above most insed	DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned 40 CFR 261 or any applicable state law; has been properly classified and pack-	material is not a nazardous waste as defined by
according to applicable regulations.	UNITS P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date  Y - CUBIC YARDS T - TONS
Generator Authorized Agent Ivanie Signature	O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: TAGRAN WATERS	h. Name:
b. Address 20215 501196168 HWY	i. Address:
DETAGIT 127 4/8/27	-
c. Driver Name: 15 13 WILLEY PROPERTY ST	j. Driver Name:
d. Phone No. 3-84/- 3500 e. Truck No.: 20/44	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 13 6 6 5 5 10 7	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
- Chillenne adacht	
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACI	LITY INFORMATION
CALIF TO ALL LILLO DEVELOPMENT	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	3.25
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	ted for disposal at this facility.
4	
Name of Authorized Agent Signature	Receipt Date
ASE	ESTOS
a. Operator's Name: US EPA Reg 5 - N-Force	b. Operator's Phone No. 734 - 612 - 7684
c. Operator's Address: 14300 HRMM	Darroom MT 48126
d. Special Handling Instructions and additional information:	s per aspestas
OPERATOR'S CERTIFICATION: I hereby declare that the contents	of this consignment are fully and accurately described above by prope
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly 050	Brain Kolles For ETA 042905
Print/Type/	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	TURAL RESOURCES
g. 🗵 Friable; 🗆 Non-friable; 🗀 Both	% friable% non-friable
	upervises the facility being demolished or renovated, or the demolition or renovation
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Conv Gold - Generator 1st Conv

### POILOFF # 026169

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

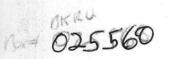
a. Generator Name: LSLPA Region  c. Address: Grand LSLPA Region  e. Phone No.: LSLPA Region  g. Waste Common Name: LSLPA Region  g. Waste	f. Phone No.:  Odor:  J. Quantity  Type  Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - FIBER DRUM DF - FIBER DRUM DF - FIBER DRUM DF - TRUCK OT - OTHER UNITS DRUMDS
e. Phone No.:	d. Address: 14300 HeAIA AVENUE  f. Phone No.:  Odor: Double  J. Quantity  J. Quantity  J. Quantity  Type  Units  DM - METAL DRUM  DP - PLASTIC DRUM  DF - FIBER DRUM  DF - FIBER DRUM  BG - BAG  TR - TRUCK  OT - OTHER  UNITS  DRUMPS
e. Phone No.: 734-77.  g. Waste Common Name: 2000 Sch. Special Waste Approval Number: 217-75-77.  i. Customer Account Number: 217-75-77.  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned metalogous the state law; has been properly classified and package according to applicable regulations.  Generator Authorized Agent Name Signature	f. Phone No.:  Odor:  J. Quantity  Type  Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - TRUCK OT - OTHER UNITS DRUMDS
g. Waste Common Name:  Color:  Black Debts  h. Special Waste Approval Number:  i. Customer Account Number:  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	j. Quantity  Type  Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG TR - TRUCK OT - OTHER  UNITS DRUMDS
g. Waste Common Name:  Color:  Brand Black Debts  h. Special Waste Approval Number:  i. Customer Account Number:  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned men	Odor:  J Quantity  Type  Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - TRUCK OT - OTHER UNITS DM - METAL DRUM DF - FIBER DRUM
Color: Braun Black Deloris  h. Special Waste Approval Number: 2/2-1/5-1/97  i. Customer Account Number: 2/2-1/97  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m 40 CFR 261 or any applicable state law; has been properly classified and package according to applicable regulations.  Generator Authorized Agent Name Signature	j. Quantity  Type  Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG TR - TRUCK OT - OTHER  UNITS BOUNDS
h. Special Waste Approval Number:  i. Customer Account Number:  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m 40 CFR 261 or any applicable state law; has been properly classified and packag according to applicable regulations.  Generator Authorized Agent Name  Signature	j. Quantity  Type  Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG TR - TRUCK OT - OTHER  UNITS BOUNDS
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m 40 CFR 261 or any applicable state law; has been properly classified and package according to applicable regulations.  Generator Authorized Agent Name  Signature	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - FIBER DRUM DF - BAG TR - TRUCK OT - OTHER UNITS DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - TRUCK OT - OTHER UNITS DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - TRUCK OT - OTHER UNITS DRUM DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - BAG TR - OTHER UNITS DF - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - DRUM DF - BAG DF - OTHER DF - OTHER DF - DRUM DF - DRUM DF - BAG DF - OTHER DF - OTHER DF - DRUM DF - DRUM DF - BAG DF - OTHER DF - OTHER DF - DRUM DF - D
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m 40 CFR 261 or any applicable state law; has been properly classified and packag according to applicable regulations.  Generator Authorized Agent Name  Signature	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - FIBER DRUM DF - BAG TR - TRUCK OT - OTHER UNITS DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - TRUCK OT - OTHER UNITS DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - TRUCK OT - OTHER UNITS DRUM DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM DF - BAG TR - OTHER UNITS DF - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - BAG DF - TRUCK DT - OTHER DF - DRUM DF - DRUM DF - BAG DF - OTHER DF - OTHER DF - DRUM DF - DRUM DF - BAG DF - OTHER DF - OTHER DF - DRUM DF - DRUM DF - BAG DF - OTHER DF - OTHER DF - DRUM DF - D
40 CFR 261 or any applicable state law; has been properly classified and package according to applicable regulations.  Generator Authorized Agent Name  Signature	ged, and is in proper condition for transportation  TR - TRUCK OT - OTHER  UNITS POUNDS
Brian // Brian // Brian // Signature	B POLINDS
	Shipment Date O - OTHER
TRANSPORTER	RINFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: TALON MOTERS	h. Name:
b. Address; 2021 5 5 CHAE 184 HWY	i. Address:
DETROIT 127 4/8/20	
c. Driver Name: PRINT/TYPE	j. Driver Name:
d. Phone No.: 3-5/15/20 e. Truck No.: 20/5/5	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	nShipment Date
DISPOSAL FACIL	ITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA	d. Mailing Address:
	Caritori Township, Michigan 48186 USA
e. TICKET No.:	
I hereby certify that the material described above has been accepte	ed for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
	ESTOS
a. Operator's Name: USERA Rog N-Fevrer	b. Operator's Phone No. 73 4 -692 - 7684
	4rborr, MI 48126
d. Special Handling Instructions and additional information:	ner aspestos
OPERATOR'S CERTIFICATION: I hereby declare that the contents of	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly OSC  Print/Type	Brein 1864 For EPA 0 42 9 63
f. Name and address of responsible agency:	Operator's Signature Date
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATU PO BOX 30028 LANSING, MI 48909	JRAL RESOURCES
	% friable% non-friable

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

White - Disposal Facility

Yellow - Transporter Copy



Directions: Print or type all information except whe Make sure information is transmitted on all copies.	
	RINFORMATION
1 2631 17	b. Generator Location: N-FOCCET Site
c. Address: 9311 Grob Rd	111-0-11
	Nearborn MI 48126
was a firm and the	f. Phone No.:
C. I Horie IVC.	marked soil & dirt
g. Waste Common Name: 40045165 (147141)	
3112 Vr 1101	Odor: News
h. Special Waste Approval Number:	j. Quantity Type Units TYPE
i. Customer Account Number:	DM - METAL DRUM DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	
40 CFR 261 or any applicable state law; has been properly classified and pack-according to applicable regulations.	aged, and is in proper condition for transportation  OT - OTHER  UNITS
Bring Velly Braillell	D DOUBLES
Generator Authorized Agent Name  Breaklell Signature	Shipment Date T - TONS O - OTHER
TRANSPORTE	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Inland westers	h. Name:
b. Address: 2021 ( Schaeler Huy	i. Address:
Votrad m. 41217	
c. Driver Name: R. Blandford PRINT/TYPE	i Driver Name:
	PRINT/TYPE
d. Phone No.: 211 247 5 500 e. Truck No.:	
f. Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.
2 246 042905	
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACI	LITY INFORMATION
CALIK TRAIL LILL C DEVELOPMENT	704 207 7242
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	The state of the s
e. TICKET No.:	
I hereby certify that the material described above has been accep	ted for disposal at this facility.
f	
	Receipt Date  BESTOS
a. Operator's Name: USEPA Roa S 11-Forrey	b. Operator's Phone No.
	E 2-5 CIFTAN - C
d. Special Handling Instructions and additional information:	3 17 (15)(5)(6)
	s of this consignment are fully and accurately described above by prop d are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly, 05C	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	TURAL RESOURCES
	% friable% non-friable
	upervises the facility being demolished or renovated, or the demolition or renovation
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy

White - Disposal Facility

Yellow - Transporter Copy

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except when Make sure information is transmitted on all copies.	re signature is required.
	INFORMATION
a. Generator Name: USE PA REGION V	b. Generator Location: N-Forcer Site
c. Address: 9311 Grah Rd	111700 11 - 0
Grosse Ile 1111 48138	Dearborn MI 48126
the same and the same	f. Phone No.:
g. Waste Common Name: Abbestos contami	
Color: BLOWN/ Black W/ debris	
h. Special Waste Approval Number: 242-45-491	7
i. Customer Account Number: 64444	j. Quantity Type Units TYPE DM - METAL DRUM
	DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	ged, and is in proper condition for transportation OT - OTHER
Brian ICelly Generator Authorized Agent Name Signature	Shipment Date  UNITS P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Inkent woker.	h. Name:
b. Address: 2021 5. Jansof & Hur	i. Address:
parcit no 48217	
c. Driver Name: Red Condition PRINT/TYPE	j. Driver Name:
d. Phone No.: 313-52/1-57-00 e. Truck No.:	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n Shipment Date
DISPOSAL FACIL	ITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road	
b. Physical Address: 3011 South Liney Hoad  Canton Township, Michigan 48188 USA	
e. TICKET No.:	Carton Township, Michigan 40 100 20/1
I hereby certify that the material described above has been accept	ad for disposal at this facility
Thereby certify that the material described above has been accept	ed for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
ASB	ESTOS
a. Operator's Name: USEPA Rog 5 - N-Forcer	b. Operator's Phone No. 734 - 692 - 7684
c. Operator's Address: 14 300 He nn	Dearborn MI 48126
d. Special Handling Instructions and additional information:	per aspestas
OPERATOR'S CERTIFICATION: I hereby declare that the contents	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly 05C	Brankelle For Era 042905 Operator's Stgnature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028	URAL RESOURCES
LANSING, MI 48909  g. 🖾 Friable;   Non-friable;   Both	% friable % non-friable
	pervises the facility being demolished or renovated, or the demolition or renovation
operation, or both.	portions the rading being demonstred or removated, or the demonstron or removation

Pink - Generator 2nd Copy

Rolloff# BKR402890

#### SAUK TRAIL HILLS DEVELOPMENT **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

	RINFORMATION	
a. Generator Name: USEPA Region V	b. Generator Location: N - Force	2 Site.
0000	1	Avenue
	h #	18126
BE	f. Phone No.:	
g. Waste Common Name: Asbestos Contomin		
color: brown/black w/debris		
h. Special Waste Approval Number: 242 Y5 48	j. Quantity Type Units	TYPE
i. Customer Account Number:	00025 70 7	DM - METAL DRUM DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	material is not a hazardous waste as defined by	DF - FIBER DRUM BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and pack according to applicable regulations.	kaged, and is in proper condition for transportation	TR - TRUCK OT - OTHER
R Hall Ran Hall	6 5 500 AUI 805	P - POUNDS Y - CUBIC YARDS
Generator Authorized Agent Name Signature	For ESA 041805 Shipment Date	T - TONS O - OTHER
TRANSPORT	ER INFORMATION	O THEIR
		TED 0
a. Name: Intend waters (Buds)	TRANSPORT	
b. Address: 2021 S. Schooler Huy	1	
Detroit mis 4+217	9	
c. Driver Name: PRINT/TYPE	j. Driver Name:	
d. Phone No.: 313 - 84/-580 e. Truck No.: 90	k. Phone No.:I. Ti	ruck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Material	s Described Above.
g. 241805	n.	
Driver Signature Shipment Date	Driver Signature	Shipment Date
DISPOSAL FAC	ILITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	y Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road	c. Phone No.: 734-397-7343	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lille  Canton Township, Michigan 48	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.:	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lille  Canton Township, Michigan 48	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lille  Canton Township, Michigan 48	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.:	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lille  Canton Township, Michigan 48	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been accept	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lille  Canton Township, Michigan 48  check for disposal at this facility.	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent Signature	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lille Canton Township, Michigan 48  oted for disposal at this facility.	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent  Signature  ASE	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  oted for disposal at this facility.  Receipt Date	8188 USA
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASE  a. Operator's Name: ASE	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lille Canton Township, Michigan 48  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. * 734-69	8188 USA
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASE  a. Operator's Name: 14300 Hearth Ase  C. Operator's Address: 14300 Hearth Ase	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille Canton Township, Michigan 48  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 4734-69	3- 266 7684
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASE  a. Operator's Name: ASE	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille Canton Township, Michigan 48  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 4734-69	3- 266 7684
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASE  a. Operator's Name: 14300 Hearth Ase  C. Operator's Address: 14300 Hearth Ase	c. Phone No.:734-397-7343  d. Mailing Address:5011 South Lille Canton Township, Michigan 48  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No734-69  Dear Date  Softhis consignment are fully and accurately	3- 266 7684
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASE  a. Operator's Name: 14300 Heart Agent  C. Operator's Address: 14300 Heart Agent  OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and	c. Phone No.:734-397-7343  d. Mailing Address:5011 South Lille	described above by proprisport by highway according
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASE  a. Operator's Name: 14300 Hour Agent  C. Operator's Address: 14300 Hour Agent  OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	c. Phone No.:734-397-7343  d. Mailing Address:5011 South Lille	described above by proprisport by highway according
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASE  a. Operator's Name: 14300 Hour Agent  C. Operator's Address: 14300 Hour Agent  OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title: 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c. Phone No.:734-397-7343  d. Mailing Address:5011 South Lille Canton Township, Michigan 48  oted for disposal at this facility.  BESTOS  b. Operator's Phone No734-69  so of this consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare fully da	described above by proprisport by highway according
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been accept f. Name of Authorized Agent Signature  ASE a. Operator's Name: 4500 Hour Acc C. Operator's Address: 14300 Hour Acc d. Special Handling Instructions and additional information: 5000 OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations. e. Operator's Name & Title: 6000 Print/Type f. Name and address of responsible agency: AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAPO BOX 30028	c. Phone No.:	described above by proprisport by highway according Date

Yellow - Transporter Copy

Pink - Generator 2nd Copy

# RONOFF # BKRU026169 SAUK TRAIL HILLS DEVELOPMENT

	INFORMATION	CONTRACTOR SAME
		5.1
	b. Generator Location: N - Force r	
and the second s	4.714410001	venue
((A)		3126
	f. Phone No.:	
g. Waste Common Name:	nated Soil + Debrs	
color: brown/black w/debris	Odor: 100e	
The opposition of the oppositi		TYPE
i. Customer Account Number:	naterial is not a hazardous waste as defined by	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	and and is in proper condition for transportation	TR - TRUCK OT - OTHER
Generator Authorized Agent Name Signature	FI EPA OH 905 Shipment Date	UNITS P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION	Marka Carry
TRANSPORTER 1	TRANSPORTE	B 2
a. Name: Inland Waters	h. Name:	
b. Address: 2021 5. Schafer Hwil	i. Address:	
Detroit MI 43217	I. Address.	
c. Driver Name: 0 MC PRINT/TYPE	j. Driver Name:	
d. Phone No.: 313-841-58 e. Truck No.: 96	PRINT/TYPE	
		k No.:
f. Vehicle License No./State:	m.Vehicle License No./State: Acknowledgement of Receipt of Materials D	Described Above.
g. Driver Signature Shipment Date	n. Driver Signature	Shipment Date
DISPOSAL FACIL	LITY INFORMATION	
SALIK TRAIL HILLS DEVELOPMENT	704 007 7040	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: /34-397-7343	- 1
b. Physical Address: 5011 South Lilley Road		Road
	d. Mailing Address: 5011 South Lilley	
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:	d. Mailing Address:5011 South Lilley	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA	d. Mailing Address:5011 South Lilley	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:	d. Mailing Address:5011 South Lilley	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:	d. Mailing Address:5011 South Lilley	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent Signature	d. Mailing Address: 5011 South Lilley  Canton Township, Michigan 4818  ed for disposal at this facility.	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name: USE PARROLL SAFET	d. Mailing Address: 5011 South Lilley  Canton Township, Michigan 4818  ed for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No. 734 69	B8 USA
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent Signature	d. Mailing Address: 5011 South Lilley  Canton Township, Michigan 4818  ed for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No. 734 69	B8 USA
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name: USEPA Roginal Signature  C. Operator's Address: 14300 He May Double Signature	d. Mailing Address: 5011 South Lilley  Canton Township, Michigan 4818  ed for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No. 734 69	B8 USA
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name: 45 FA Road South Signature  C. Operator's Address: 44 South South Signature  Decar Signature  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	Canton Township, Michigan 4818  Canton Township, Michigan 4818  ed for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No. 734 69  of this consignment are fully and accurately deare in all respects in proper condition for transports.	2-7684 escribed above by proper out by highway according
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name: 15 FA Road South S	Canton Township, Michigan 4818  Canton Township, Michigan 4818  ed for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No. 734 69  of this consignment are fully and accurately deare in all respects in proper condition for transport	2-7684 escribed above by proper out by highway according
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name: 45 FA Road South Signature  C. Operator's Address: 44 300 He Additional information: 50 OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	Canton Township, Michigan 4818  Canton Township, Michigan 4818  ed for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No. 734 69  of this consignment are fully and accurately deare in all respects in proper condition for transport	2-7684 escribed above by proper out by highway according
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name: 45 FA Road South Signature  C. Operator's Address: 43 CONTROL OF STATE OF S	Canton Township, Michigan 4818  Canton Township, Michigan 4818  ed for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No	2-7684 escribed above by proper out by highway according
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted.  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name: 45 FA Road of Signature  C. Operator's Address: 43 CO Hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title: Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATION PO BOX 30028  LANSING, MI 48909	Canton Township, Michigan 4818  Canton Township, Michigan 4818  ed for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No	escribed above by proper out by highway according

ROLL off # BKRY 025284
SAUK TRAIL HILLS DEVELOPMENT

### **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

GENERATO	R INFORMATION
a. Generator Name: USEPA Region V	b. Generator Location: N- Forcer SHC
c. Address: 9311 Grob Road	A
Grosse Tle 41 48138	Dearborn, MI 48126
(00)	f. Phone No.:
	rinated Soil + Debris
	Odor: None
n. Special Waste Approval Number: 242 15	
. Customer Account Number:	
Oustonial Account Number.	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	d material is not a hazardous waste as defined by BG - BAG
0 CER 261 or any applicable state law; has been properly classified and pacticcording to applicable regulations.	ckaged, and is in proper condition for transportation  OT - OTHER  UNITS
Bris- Kelly Brailed	P - POUNDS
Senerator Authorized Agent Name Signature	For FM 0 4 9 0 5 Y - CUBIC YARDS  Shipment Date 7 - TONS O - OTHER
TRANSPORT	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
. Name: Tyland waters (1)	
Netroit m. 48-217	
Driver Name: R NOW LC D	j. Driver Name:PRINT/TYPE
l. Phone No.: 313-841-5800 e. Truck No.: 90	k. Phone No.:I. Truck No.:
Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
04190	∫ n
Driver Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FAC	ILITY INFORMATION
DIOI COME I AC	
	Dhara No. 734-397-7343
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	d. Mailing Address:5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	d. Mailing Address: 5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	d. Mailing Address:5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.:	d. Mailing Address:5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.: I hereby certify that the material described above has been acce	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  epted for disposal at this facility.
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.: I hereby certify that the material described above has been acce	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  epted for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.: I hereby certify that the material described above has been acce	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  ppted for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.: I hereby certify that the material described above has been acce	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  ppted for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  c. TICKET No.:  I hereby certify that the material described above has been acce  Name of Authorized Agent  AS  a. Operator's Name: 45 FAA Region 5 North	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  pyted for disposal at this facility.  Receipt Date  BESTOS  Canton Township, Michigan 48188 USA  Pyted for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  c. TICKET No.:  I hereby certify that the material described above has been acce  Name of Authorized Agent  AS  a. Operator's Name: 45 F A Region 5 North	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  pyted for disposal at this facility.  Receipt Date  BESTOS  Canton Township, Michigan 48188 USA  Pyted for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  c. TICKET No.:  I hereby certify that the material described above has been acce  Name of Authorized Agent  Signature  AS  a. Operator's Name: 45 FAA 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  ppted for disposal at this facility.  Receipt Date  BESTOS  Cyb. Operator's Phone No. 134-692-7684  Specific of this consignment are fully and accurately described above by projects of this consignment are fully and accurately described above by projects of this consignment are fully and accurately described above by projects of this consignment are fully and accurately described above by projects of this consignment are fully and accurately described above by projects of this consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately described above by projects of the consignment are fully and accurately accurately accurately accurately accurately accurately accurately accurately a
Site Name: SAUK TRAIL HILLS DEVELOPMENT  Description of Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  Description of Physical Address: 18 Signature  AS  Description of Authorized Agent Signature  AS  Description of Physical Handling Instructions and additional information: 18 Special Handling Instructions and additional information: 18 Description of Physical Phys	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  ppted for disposal at this facility.  Receipt Date  BESTOS  A She
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  c. TICKET No.:  I hereby certify that the material described above has been acce  Name of Authorized Agent  Signature  AS  a. Operator's Name: 554 August 574  c. Operator's Address: 144 August 574  d. Special Handling Instructions and additional information: 200  CPERATOR'S CERTIFICATION: I hereby declare that the content of shipping name and are classified, packed, marked, and labeled, are to applicable international and government regulations.  a. Operator's Name & Title: Print/Type	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  ppted for disposal at this facility.  Receipt Date  BESTOS  A She
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  c. TICKET No.:  I hereby certify that the material described above has been acce  Name of Authorized Agent  Signature  AS  a. Operator's Name: 554 August 574  c. Operator's Address: 144 August 574  d. Special Handling Instructions and additional information: 200  CPERATOR'S CERTIFICATION: I hereby declare that the content of shipping name and are classified, packed, marked, and labeled, are to applicable international and government regulations.  a. Operator's Name & Title: Print/Type	d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  protect for disposal at this facility.  Receipt Date  BESTOS  As Described As Described above by proper dare in all respects in proper condition for transport by highway according to the constant of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according to the constant of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according to the constant of
A. Site Name: SAUK TRAIL HILLS DEVELOPMENT  D. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  B. TICKET No.:  I hereby certify that the material described above has been accessory.  Name of Authorized Agent  AS  C. Operator's Name: Signature  AS  C. Operator's Address: Signature  C. Operator's Address: Hereby declare that the contents of applicable international and government regulations.  C. Operator's Name & Title: Print/Type  F. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAPO BOX 30028  LANSING, MI 48909	Canton Township, Michigan 48188 USA  peted for disposal at this facility.  Receipt Date  BESTOS  This consignment are fully and accurately described above by project in all respects in proper condition for transport by highway according to the Accurate Ac
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.: I hereby certify that the material described above has been access. Name of Authorized Agent Signature  AS a. Operator's Name: 554 August 56 b. Operator's Address: 144 August 56 c. Operator's Address: 144 August 57 c. Operator's CERTIFICATION: I hereby declare that the contentshipping name and are classified, packed, marked, and labeled, are to applicable international and government regulations. b. Operator's Name & Title: Print/Type f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAPO BOX 30028 LANSING, MI 48909 g. Friable; Non-friable; Both	d. Mailing Address:

Rollo Ff # BKR4025560

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.		
GENERATOR INFORMATION		
a. Generator Name: USEPA Region V	b. Generator Location: N- Forces Site	
	d. Address: 14300 Henn Avenue	
	Dearborn, MI 48126	
(CD)	f. Phone No.:	
g. Waste Common Name: ASbestos Contamin	ated Soil + Debris	
color: brown/black w/ debris	Odor: None	
h. Special Waste Approval Number: 248 Y5 481	7	
i. Customer Account Number:		
	DU025 TR DP - PLASTIC DRUM DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned at 40 CFR 261 or any applicable state law; has been properly classified and packet	I IB - IBIICK	
according to applicable regulations.	UNITS P. POLINIOS	
Generator Authorized Agent Name Signature	Shipment Date  Shipment Date  Y - CUBIC YARDS T - TONS O - OTHER	
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORTER 2	
a. Name: TNIANOURTERS	h. Name:	
b. Address On SHEET	i. Address:	
office wit		
c. Driver Name: PRINT/TYPE	j. Driver Name:	
d. Phone No.: 3 41-5800e. Truck No.: 20145	k. Phone No.:I. Truck No.:	
f. Vehicle License No./State: FF0870 / MT	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.	
041ROF	n	
Driver Signature Shipment Date	Driver Signature Shipment Date	
DISPOSAL FACI	LITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: _734-397-7343	
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA	
e. TICKET No.:		
I hereby certify that the material described above has been accept	ted for disposal at this facility.	
f		
Name of Authorized Agent Signature	Receipt Date	
	ESTOS (SV	
	b. Operator's Phone No. 754 692 7684	
	rborn IMI 48126	
d. Special Handling Instructions and additional information:	per aspestos	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
e. Operator's Name & Title: Brian Kelly, OS Print/Type/	C Brown Operator's Signature Date	
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	TURAL RESOURCES	
g. 🗖 Friable; 🔲 Non-friable; 🔲 Both	% friable % non-friable	
	upervises the facility being demolished or renovated, or the demolition or renovation	
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy	

Gold - Generator 1st Copy

ROlloff # BKRUDI2809

Make sure information is transmitted on all copies.		
GENERATOR INFORMATION		
a. Generator Name: USEPA Region V b. Generator Location: N-Forces Site		
c. Address: 9311 Grah Road d. Address: 14300 Henn Avenue		
Grosse Ile, HI048138 Dearborn, MI 48126		
e. Phone No.: 734-692 - 7684 f. Phone No.:		
g. Waste Common Name: Astrodas Contaminated Soil + Debris		
Color: brown / black w/ debris odor: None		
h. Special Waste Approval Number: 242 Y5 4817		
i Quantity Type Units TYPE		
DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM		
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by  BG - BAG TR - TRUCK		
40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  OT - OTHER UNITS		
Brankelly Brakel Fren 041905 P - POUNDS Y - CUBIC YARDS		
Generator Authorized Agent Name Signature Shipment Date T - TONS O - OTHER		
TRANSPORTER INFORMATION		
TRANSPORTER 1 TRANSPORTER 2		
a. Name: IN Land Waters h. Name:		
b. Address: 2021 Sthafer i. Address:		
Detroit MI.		
c. Driver Name:		
d. Phone No.: 313 84586 e. Truck No.: 2340 U k. Phone No.: 1. Truck No.:		
f. Vehicle License No./State: 4 76 m. Vehicle License No./State: m. Vehicle License No./State:		
Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials Described Above.		
Kouin Widerel 04/1901st.		
Driver Signature Shipment Date Driver Signature Shipment Date		
DISPOSAL FACILITY INFORMATION		
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343		
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Road		
Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA		
e. TICKET No.:		
I hereby certify that the material described above has been accepted for disposal at this facility.		
f. Name of Authorized Agent Signature Receipt Date		
ASBESTOS		
a Operator's Name: USEPA PRILLIAN 5-N-EXCEVA Operator's Phone No. 734-692-7684		
a. Operator's Name: USEPA Region 5-N-Forcer b. Operator's Phone No. 734-692-7684  c. Operator's Address: 14300 Henn Deurborn MI 48126		
d. Special Handling Instructions and additional information: as per as best os		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by prope		
shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
e. Operator's Name & Title:    Drian   C   OSC   December   Date   Date		
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909		
g. 🗆 Friable; 🗆 Non-friable; 🗆 Both% friable% non-friable		
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.		
White - Disposal Facility Yellow - Transporter Copy Pink - Generator 2nd Copy Gold - Generator 1st Copy		

## BKRY 012779 NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies.	
	RINFORMATION
a. Generator Name: USEPA Korjon V	b. Generator Location: No Forcer Side
c. Address: 9311 Grah Road	d. Address: 14300 Henn Avenue
Grosse Tle, 4148138	Dearborn, MI 48126
e. Phone No.: 734-692-500 7684	f. Phone No.:
	inated Soil + Debris
	Odor: None
,	4817
i. Customer Account Number:	i. Quantity Type Units TYPE
i. Oustomer Account Number.	1 2 5 TO T DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	
40 CFR 261 or any applicable state law; has been properly classified and pack- according to applicable regulations.	aged, and is in proper condition for transportation OT - OTHER
B. Vall, Bai Val	L FL EPA 0 4 20 0 S Y - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date  Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	
	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Inland waters.	
b. Address: 2021 S. Johnster Huy.	
Outrait M.	No.
c. Driver Name: R. BL. PRINT/TYPE	j. Driver Name:
d. Phone No.: 113-841-5840 e. Truck No.: 99	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: 8935 AC.	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
22005	
9. Driver Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FACI	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
	Carton Township, Michigan 40100 COA
e. TICKET No.:	-
I hereby certify that the material described above has been accept	ted for disposal at this facility.
f	
Name of Authorized Agent Signature	Receipt Date
	BESTOS
a. Operator's Name: US EPA Rogion 5 - N-Full	
c. Operator's Address: 14300 He nn 109	urborn MI 48126
d. Special Handling Instructions and additional information:	per asbestes
	of this consignment are fully and accurately described above by prope
shipping name and are classified, packed, marked, and labeled, and	
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	are in all respects in proper condition for transport by highway according
OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:	are in all respects in proper condition for transport by highway according
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:	are in all respects in proper condition for transport by highway according  Because Fra O 4 2 0 0 5  Operators Signature Date
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028  LANSING, MI 48909	TURAL RESOURCES
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028  LANSING, MI 48909  g. Friable;	are in all respects in proper condition for transport by highway according  Because Fig. 10 4 2 0 0 5  Operators Signature Date

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Rulloff # BKR462870

Directions: Print or type all information except when Make sure information is transmitted on all copies.	e signature is required.	
GENERATOR	INFORMATION	
a. Generator Name: LISEPA REGION V	b. Generator Location: N - Force	s Site
0 1 0	d. Address: 14300 Henn	AVEDUE
and the second s	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	48126
((0)	f. Phone No.:	
	rated Soil + Debri	S
	Odor: None	
h. Special Waste Approval Number: 243 V5 48	1 months	
i. Customer Account Number:	j. Quantity Type Units	TYPE DM - METAL DRUM
	00025 TR T	DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m 40 CFR 261 or any applicable state law; has been properly classified and packa		BG - BAG TR - TRUCK OT - OTHER
according to applicable regulations.		UNITS P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date	Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORT	ER 2
a. Name: TURNO VIATICS	h. Name:	
b. Address: 3021 STHERES (1)	i. Address:	
DOTROTT, ME		
c. Driver Name:	j. Driver Name:	
d. Phone No.: 31 24 - 58 0 e. Truck Nor. 2014-5	k. Phone No.:	uck No :
f. Vehicle License No./State:	m. Vehicle License No./State:	dck No.:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials	s Described Above.
2005 Turc 043005	n	
Driver Signature Shipment Date	Driver Signature	Shipment Date
DISPOSAL FACIL	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343	
b. Physical Address: 5011 South Lilley Road		v Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48	
	- Carton From Sing, Interngal To	
e. TICKET No.:		
I hereby certify that the material described above has been accepted	ed for disposal at this facility.	
f. Name of Authorized Agent Signature	Receipt Date	
	ESTOS	
	b. Operator's Phone No. 734-6	97-7684
	arbonn mI L	
	1 /	^
d. Special Handling Instructions and additional information:	V	
OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	are in all respects in proper condition for tran	sport by highway according
e. Operator's Name & Title: Brian Kelly OSC Print/Type	Operator's Signature	A 04 20 05 Date
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATI PO BOX 30028 LANSING, MI 48909	URAL RESOURCES	
	% friable%	6 non-friable
*Operator refers to the company which owns, leases, operates, controls, or su operation, or both.		
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Gene	erator 1st Copy

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

	INFORMATION	
		CI
	b. Generator Location: N-Force	_
	d. Address: 14300 1-enn	Hyenue
	Dearborn, MI4	8126
e. Phone No.: 734-692-7660	f. Phone No.:	-
g. Waste Common Name: AS 105105 Containing	ated Soil + Debris	<u> </u>
color: brown/black w/ debris	Odor: None	
h. Special Waste Approval Number:	1811	TYPE
i. Customer Account Number:	j. Quantity Type Units	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned r 40 CFR 261 or any applicable state law; has been properly classified and packet	를 보고 있다. 그렇게 되었다면 하면 없는 것이 점점 생각이 하면 가장 되었습니다. 이 전화를 잃었습니다. 그리는 사람들이 되었습니다.	TR - TRUCK OT - OTHER
according to applicable regulations.		UNITS P - POUNDS
Generator Authorized Agent Name Signature	For EPA 04205 Shipment Date	Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORT	ER 2
a. Name: INLAND WATERS	h. Name:	
b. Address 2001 SCHOOL	i. Address:	
c. Driver Name:	j. Driver Name:	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PAINTITIE	PRINT/TYPE	
d. Phone No. 2 145	k. Phone No.:I. Ti	ruck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Material	s Described Above.
g. Driver Signature Shipment Date	n	Shipment Date
DISPOSAL FACIL	LITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	
		v Road
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lille	
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA		
	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA e. TICKET No.:	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA e. TICKET No.:	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA e. TICKET No.:	Canton Township, Michigan 48	
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature	Canton Township, Michigan 48	
e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASB	Canton Township, Michigan 48 red for disposal at this facility.  Receipt Date	8188 USA
e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASB	Canton Township, Michigan 48 red for disposal at this facility.  Receipt Date	8188 USA
e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  ASB  a. Operator's Name:  C. Operator's Address:	Canton Township, Michigan 48 red for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.	8188 USA
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f.  Name of Authorized Agent  ASB  a. Operator's Name:  c. Operator's Address:  d. Special Handling Instructions and additional information:	Canton Township, Michigan 48  ited for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.	8188 USA
e. TICKET No.:  I hereby certify that the material described above has been accept  f.  Name of Authorized Agent  Signature  ASB  a. Operator's Name:  c. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	Canton Township, Michigan 48  red for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for train	described above by propersport by highway according
e. TICKET No.:  I hereby certify that the material described above has been accept  f.  Name of Authorized Agent  Signature  ASB  a. Operator's Name:  c. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and	Canton Township, Michigan 48  red for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for train	described above by propersport by highway according
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f.  Name of Authorized Agent  Signature  ASB  a. Operator's Name:  c. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	Canton Township, Michigan 48  red for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for train	described above by propersport by highway according
e. TICKET No.:  I hereby certify that the material described above has been accept  f.  Name of Authorized Agent  Signature  ASB  a. Operator's Name:  c. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:	Canton Township, Michigan 48  red for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully are accurately are in all respects in proper conditions.	described above by propersport by highway according
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASB  a. Operator's Name:  c. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028	Canton Township, Michigan 48  ded for disposal at this facility.  Receipt Date  ESTOS  b. Operator's Phone No.  of this consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects in proper condition for transport of the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are in all respects to the consignment are fully and accurately are accurately ar	described above by proper proper by highway according Date

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

### Rolloff # BKRU 025/ SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATO	RINFORMATION
	b. Generator Location: N-Forcer Site
1/	d. Address: 14300 Henn Avenue
	Dearborn, HI 48126
	f. Phone No.:
111-11	1 1
color: brown/black w/ debris	
h. Special Waste Approval Number:	j. Quantity Type Units TYPE
i. Customer Account Number:	j. Quantity Type Units DM - METAL DRUM DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	DF - FIBER DRUM  I material is not a hazardous waste as defined by  BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and pac according to applicable regulations.	
	P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date  P - POUNDS Y - CUBIC YARDS T - TONS
	O - OTHER
	ER INFORMATION
a. Name: INLAND WATSAS	TRANSPORTER 2
	h. Name:
b. Address: 2021 SCHESE C. (1.	
DOPULT, MI	
c. Driver Name: PRINT/TYPE	j. Driver Name:
d. Phone No.:31844-5800e. Truck No.:30145	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: COXTO / MT	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
- SOUGHALONE	
Driver Signature Shipment Date	Driver Signature Shipment Date
( A C)	Driver Signature Shipment Date  ILITY INFORMATION
DISPOSAL FAC	ILITY INFORMATION
DISPOSAL FAC  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	ILITY INFORMATION  _ c. Phone No.: _734-397-7343
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road	ILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	ILITY INFORMATION  _ c. Phone No.: _734-397-7343
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road	ILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	ILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.:	ILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce	ILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce f. Name of Authorized Agent Signature	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  pted for disposal at this facility.
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce  f. Name of Authorized Agent  Signature  AS	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  pted for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce  f. Name of Authorized Agent  Signature  AS	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  pted for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce  f. Name of Authorized Agent  Signature  AS	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  pted for disposal at this facility.
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce  f. Name of Authorized Agent  Signature  AS	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  pted for disposal at this facility.  BESTOS  b. Operator's Phone No. 734-692-7660
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce f. Name of Authorized Agent  AS a. Operator's Name: 45 FA Control C. Operator's Address: 47 Control C. Operator's Address: 48 Control C. Operator's CERTIFICATION: I hereby declare that the contentshipping name and are classified, packed, marked, and labeled, and	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  pted for disposal at this facility.  BESTOS  b. Operator's Phone No. 734 692-7660  ts of this consignment are fully and accurately described above by property.
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce f. Name of Authorized Agent  AS a. Operator's Name: 45 C. Operator's Address: 45 C. Operator's Address: 46 C. Operator's CERTIFICATION: I hereby declare that the content	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA  pted for disposal at this facility.  BESTOS  b. Operator's Phone No. 734 692-7660  ts of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.:  I hereby certify that the material described above has been acce f. Name of Authorized Agent  AS a. Operator's Name: Signature  AS d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contenshipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA  pted for disposal at this facility.  BESTOS  b. Operator's Phone No. 734 692-7660  ts of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce f. Name of Authorized Agent  AS a. Operator's Name: C. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations. e. Operator's Name & Title:  Print/Type	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA  pted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 734-692-7660  ts of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according Operator's Signature  Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been acce f. Name of Authorized Agent  AS a. Operator's Name: Signature  AS d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations. e. Operator's Name & Title: Print/Type f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAPO BOX 30028 LANSING, MI 48909	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA  pted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 734-692-7660  ts of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according Operator's Signature  Date

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies.		
GENERATOR	INFORMATION	
a. Generator Name: USEPA Region V	b. Generator Location: N- Forcer Site	
- 1/	d. Address: 14300 Henn Avenue	
supplement I .	Dearborn, MI 48126	
e. Phone No.: 734-692-7660		
	minuted Soil + Debris	
1	Odor: None	
h. Special Waste Approval Number: 243 Y5	4817	
i. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.		
Generator Authorized Agent Name Signature	Shipment Date  P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER	
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORTER 2	
a. Name: Tyland wetres	h. Name:	
b. Address: 2021 S. Salace for flary	i. Address:	
Activit m. 48217		
c. Driver Name: PRINT/TYPE	j. Driver Name:	
d. Phone No.: 11) - 8 41- 5800 e. Truck No.: 90	k. Phone No.:I. Truck No.:	
f. Vehicle License No./State:	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.	
g. Driver Signature Shipment Date	n Shipment Date	
DISPOSAL FACIL	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343	
b. Physical Address: 5011 South Lilley Road		
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA	
e. TICKET No.:	- Canton Tollinon, I moning and Tollico	
I hereby certify that the material described above has been accept	and for disposal at this facility	
r nereby certify that the material described above has been accept	ed for disposal at this facility.	
f. Name of Authorized Agent Signature	Receipt Date	
ASB	ESTOS	
a. Operator's Name: USEPA Roa 5 N. Forcey	b. Operator's Phone No. 134-692-7660	
Transfel 1	vborn, mit	
d. Special Handling Instructions and additional information:	per aspestas	
OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	of this consignment are fully and accurately described above by pro are in all respects in proper condition for transport by highway accord	
e. Operator's Name & Title: Brian Pent/Type	Operator's Signature Date	
f. Name and address of responsible agency:	127,000	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATI PO BOX 30028 LANSING, MI 48909	URAL RESOURCES	
g. 🗖 Friable; 🔲 Non-friable; 🗎 Both	% friable% non-friable	
*Operator refers to the company which owns, leases, operates, controls, or su operation, or both.	pervises the facility being demolished or renovated, or the demolition or renova	

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

# ROILO CHEBURY 026500 SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required. Make sure information is transmitted on all copies. **GENERATOR INFORMATION** d. Address: 14200 h. Special Waste Approval Number: TYPE METAL DRUM Quantity Units i. Customer Account Number: PLASTIC DRUM FIBER DRUM DP BG BAG GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by TRUCK 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation OT OTHER according to applicable regulations. UNITS POUNDS 00 CUBIC YARDS TONS OTHER TRANSPORTER INFORMATION TRANSPORTER 1 TRANSPORTER 2 a. Name: TNADNI3 WATERS h. Name: b. Address: 2021 5 SCN 96568 i. Address: c. Driver Name: j. Driver Name: d. Phone No. 3 - 5 1/ 5 50 e. Truck No.: 20/5/5 k. Phone No .: I. Truck No.: f. Vehicle License No./State: Ke 65 5 5 m. Vehicle License No./State: Acknowledgement of Receipt of Materials Described Above. Acknowledgement of Receipt of Materials Described Above. g. Driver Signature nipment Date **Driver Signature** Shipment Date DISPOSAL FACILITY INFORMATION a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343 b. Physical Address: 5011 South Lilley Road 5011 South Lilley Road d. Mailing Address: \_ USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 I hereby certify that the material described above has been accepted for disposal at this facility. Name of Authorized Agent Signature **ASBESTOS** a. Operator's Name: 45 c. Operator's Address: d. Special Handling Instructions and additional information: \_ OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. 20 e. Operator's Name & Title: Brian f. Name and address of responsible agency: AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909 g. A Friable; ■ Non-friable; ☐ Both % friable % non-friable \*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Ralloff#BKR4026097
SAUKTRAIL HILLS DEVELOPMENT

### **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except where signature is required.		
Make sure information is transmitted on all copies.  GENERATOR INFORMATION		
22-31 3		
0.411.01.01.01	b. Generator Location: M-Forcer Site	
A seed of	d. Address: 14300 Henn Avenue	
Grosse Ile MICH8138	Dearborn, MI 45126	
e. Phone No.: 734-692-4010 7684	f. Phone No.:	
1 111 11 11 1	Nated Soil & Debris	
Color: DOWAL/ black W/ debris	Odor: NONE	
h. Special Waste Approval Number: 242 Y5 481	i Quantity Type Units TYPE	
i. Customer Account Number:	j. Quantity Type Units DM - METAL DRUM DP - PLASTIC DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m	DF - FIBER DRUM naterial is not a hazardous waste as defined by  BG - BAG	
40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	ged, and is in proper condition for transportation OT - OTHER	
1	P - POUNDS Y - CUBIC YARDS	
Generator Authorized Agent Name Signature	Shipment Date  Y - CUBIC YARDS T - TONS O - OTHER	
TRANSPORTE		
	RINFORMATION	
TRANSPORTER 1	TRANSPORTER 2	
a. Name: Inland waters	h. Name:	
b. Address: 2021 S. scharfer Hary	i. Address:	
12-troit M. 4/217		
c. Driver Name: PRINT/TYPE	j. Driver Name:PRINT/TYPE	
d. Phone No.: 713-841-5836 e. Truck No.: 96	k. Phone No.:I. Truck No.:	
f. Vehicle License No./State:	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.	
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date	
DISPOSAL FACIL	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA	
e. TICKET No.:		
I hereby certify that the material described above has been accepted	ed for disposal at this facility.	
<b>.</b>		
Name of Authorized Agent Signature	Receipt Date	
ASB	ESTOS	
a. Operator's Name: US EPA Reg 5, N-FOY(+)	b. Operator's Phone No. 734 - 692 - 7684	
c. Operator's Address: 14300 Re'NN De	arburn, MI 48126	
d. Special Handling Instructions and additional information:	por asbestes	
OPERATOR'S CERTIFICATION: I hereby declare that the contents	of this consignment are fully and accurately described above by proper	
to applicable international and government regulations.	are in all respects in proper condition for transport by highway according	
e. Operator's Name & Title: Brian Kelly, OSC Print/Type	Brikely FU EPA 042005	
f. Name and address of responsible agency:	Operator's Signature Date	
	IRAL RESOLIBOES	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909		
g. 🗵 Friable; 🗆 Non-friable; 🗀 Both	% friable % non-friable	
*Operator refers to the company which owns, leases, operates, controls, or supportation, or both.	pervises the facility being demolished or renovated, or the demolition or renovation	
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy	

RO11015 # BKR4026169

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.		
GENERATOR INFORMATION		
200000	b. Generator Location: N-Forcer Site	
	d. Address: 1/300 HeAM AVENUE	
Grosse Ible, might 8138		
e. Phone No.: 734-692-4000 7684	f. Phone No.:	
g. Waste Common Name: Abbestos Contami	Nated Soil & Debris	
COLOR: BROWN / Black W/ Debris	Odor: NONE	
h. Special Waste Approval Number: 447, 45, 4311	TVDE	
i. Customer Account Number:	j. Quantity  Type  Units  DM - METAL DRUM  DP - PLASTIC DRUM  DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m 40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.		
Generator Authorized Agent Name Signature		
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORTER 2	
a. Name: Infant water	h. Name:	
b. Address: 2021 f. Calanter Huny	i. Address:	
Detrict M. 4PRIT		
c. Driver Name: 1 A / A / B PRINT/TYPE	j. Driver Name:	
d. Phone No.: 11-14-15-00 e. Truck No.: 96	k. Phone No.:I. Truck No.:	
f. Vehicle License No./State:	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.	
g. Driver Signature Shipment Date	n Shipment Date	
DISPOSAL FACIL	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT		
b. Physical Address: 5011 South Lilley Road	는 이번 10kg(kg)를 보고 NT 10kg(kg)는 10kg(kg) 등 10kg(kg)(10kg)(10kg) 등 10kg(kg)(10kg)(10kg)(10kg)(10kg)(10kg)	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA	
e. TICKET No.:		
I hereby certify that the material described above has been accepted	ed for disposal at this facility.	
f		
Name of Authorized Agent Signature	Receipt Date	
	ESTOS	
a. Operator's Name: US EPA Keg 5 / V-FuV(+V	b. Operator's Phone No. 734-692-7684 Parborn, MI 48126	
d. Special Handling Instructions and additional information:	per aspestes	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
e. Operator's Name & Title: Brint/Type	Operator's Signature Date	
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATI PO BOX 30028 LANSING, MI 48909	JRAL RESOURCES	
	% friable% non-friable	
	pervises the facility being demolished or renovated, or the demolition or renovation	
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy	

## SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies.		
GENERATOR INFORMATION		
a. Generator Name: USEPA REGIONIV	b. Generator Location: A - Force	Site
c. Address: 9311 Groh Rd	d. Address: 11/300 HENIN	AVENUE
Grosse Inle mi 48138	Dearborn, MI	48126
e. Phone No.: 234-692-9666 7684	f. Phone No.:	
g. Waste Common Name: Asbestos Courtami	Wated Soil & Debri	5
Color: Brown / Black W/ Debris	Odor: Mone	
h. Special Waste Approval Number:	<u>''/</u>	TYPE
i. Customer Account Number:	j. Quantity Type Units	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned m 40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.		BG - BAG TR - TRUCK OT - OTHER
Generator Authorized Agent Name Signature	For EFA 042105 Shipment Date	UNITS P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORT	TER 2
a. Name: TNARNO WATGAS	h. Name:	
b. Address: 2021 S SCHBGFGR HUNY	i. Address:	
130 FROIT ME 48137		
c. Driver Name: PRINT/TYPE	j. Driver Name:	
d. Phone No. 3 - 5 3/1 - 5 30 Qe. Truck No. 20/14/1	k. Phone No.:I. Ti	ruck No.:
f. Vehicle License No./State: Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:  Acknowledgement of Receipt of Material	
-0.1111 - availed		
g. Driver Signature Shipment Date	n. Driver Signature	Shipment Date
DISPOSAL FACIL	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	
	d. Mailing Address: 5011 South Lille	v Road
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA	d. Mailing Address: 3011 Sodul Line Canton Township, Michigan 48	
e. TICKET No.:	Canton Township, Michigan 40	7100 001
	and form of the second and white for earlier.	
I hereby certify that the material described above has been accepted	ed for disposal at this facility.	
f. Name of Authorized Agent Signature	Receipt Date	~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ASB	ESTOS	
a. Operator's Name: USEPA Rey 5-N-Force	b. Operator's Phone No. 734-69	12-7684
	arborn, m = 48	
d. Special Handling Instructions and additional information:		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
e. Operator's Name & Title: Brian 1/ell, 05C	Operator's Signature	Date   0 4 2 1 1 5
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909		
g. A Friable;	% friable	% non-friable
*Operator refers to the company which owns, leases, operates, controls, or su		
operation, or both.		

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

# SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except when Make sure information is transmitted on all copies.	re signature is required.	
GENERATOR INFORMATION		
10-00 0	b. Generator Location: N-Forcer Site	
	d. Address: 11300 HeAVALAVE	
0	110.00	
man cold in more	f. Phone No.:	
g. Waste Common Name: Abbestos CONITATIVA	lated Soil & Debris	
Color: Brank / Black of Debris	Odor: JONE	
h. Special Waste Approval Number: 242 V5 481		
i. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.		
Generator Authorized Agent Name Signature	Shipment Date  P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER	
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORTER 2	
a. Name: Island water	h. Name:	
b. Address: 2021 5 Sauretee Harry	i. Address:	
11-tre. + n. 44187		
c. Driver Name:	j. Driver Name:	
d. Phone No.:	k. Phone No.:I. Truck No.:	
f. Vehicle License No./State: 44/ 5900	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.	
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date	
DISPOSAL FACIL	LITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343	
b. Physical Address: 5011 South Lilley Road		
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA	
	Canton remains, initingan 10100 COA	
e. TICKET No.:		
I hereby certify that the material described above has been accept	ed for disposal at this facility.	
f. Name of Authorized Agent Signature	Receipt Date	
	ESTOS	
	b. Operator's Phone No. 734-692-7684	
c. Operator's Address:	b. Operator's Phone No.	
	s res as bestes	
d. Opeda Harding metactions and additional information.		
OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according	
e. Operator's Name & Title: Brian Kelly OSC Print/Type	Operator's Signature Date	
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	URAL RESOURCES	
g. 🗔 Friable; 🔲 Non-friable; 🔲 Both	% friable % non-friable	
r All	pervises the facility being demolished or renovated, or the demolition or renovation	
operation, or both.		

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

White - Disposal Facility

Rolloff# BKR4012800

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR INFORMATION  a. Generator Name: USEPA Region V b. Generator Location: M Forcer Site c. Address: 931 Croh Rd d. Address: 130 Hearn Avenue d. Address: 13	Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.	
a. Address: 931 400 kg and address: 1300 HeALA Address: 1500 heALA Address: 1500 kg and addre		
a. Address: 931 400 kg and address: 1300 HeALA Address: 1500 heALA Address: 1500 kg and addre	CONSIDER NAME REPORTED REGIONIV & CONSIDER NI- FORCER SITE	
g. Phone No.: 134 - 147 - 148		
g. Waste Common Name:  Abproval Number:  Abproval Number:  Customer Account Number:  Customer Ac	A second library of the second	
Color: PACULTY PROCESS  A. Special Waste Approval Number: 1997  A. Customer Account Number: 1997  A. Name: 1997  A. Name: 1997  A. Name: 1997  A. Action/edgement of Receipt of Materials Described Above. 1997  A. Customer Account Number: 1997  A. Customer Account Number: 1997  A. Name: 1997  A. Action/edgement of Receipt of Materials Described Above. 1997  A. Mailing Address: 5011 South Lilley Road 1997  C. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road 1997  Canton Township, Michigan 48188 USA 1997  A. Seesal Authorized Agent 1997  A. Seesal Autho	e. Phone No.: 734-692-7660 f. Phone No.:	
h. Special Waste Approval Number:    Customer Account Number:	g. Waste Common Name: Abbestos Courtaminated Soil & Debris	
CENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR aft or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.    Committed   Committe	nin it ital	
GENERATORS CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by a CFR 25 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  But a proper condition for transportation and packaged, and is in proper condition for transportation according to applicable regulations.  But a proper condition for transportation and packaged, and is in proper condition for transportation and packaged, and is in proper condition for transportation and packaged, and is in proper condition for transportation and packaged.  But a proper condition for transportation and packaged, and is in proper condition for transportation and packaged.  But a proper condition for transport and packaged.  But a proper condition for transpor	1 11111	
OPERATOR'S CERTIFICATION. Thereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. The contents of this consignment are fully and accurately described above by proper shipping name and are classified. Packed, and labeled, and are in all respects in proper condition for transportation.  TRANSPORTER INFORMATION  TRANSPORTER 1  TRANSPORTER 1  TRANSPORTER 2  h. Name:  i. Address:  i. Address:  j. Driver Name:  PRINT/TYPE  d. Phone No:  TRANSPORTER 2  h. Name:  i. Address:  j. Driver Name:  PRINT/TYPE  d. Phone No:  Trick	i. Customer Account Number:    DM - METAL DRUM   DP - PLASTIC DRUM   DF - FIBER DRUM	
Generator Authorized Agent Name  TRANSPORTER INFORMATION  TRANSPORTER 1  a. Name:  b. Address;  c. Driver Name:  Driver Name:  Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials Described Above.  DISPOSAL FACILITY INFORMATION  a. Site Name:  SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address:  I hereby certify that the material described above has been accepted for disposal at this facility.  ASBESTOS  a. Operator's Name:  Signature  TRANSPORTER 1  TRANSPORTER 2  h. Name:  i. Address:  Acknowledgement of Receipt of Materials Described Above.	40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation  TR - TRUCK OT - OTHER	
TRANSPORTER 1  a. Name;	Generator Authorized Agent Name Signature Signature Shipment Date T - CUBIC YARDS T - TONS	
a. Name: b. Address; c. Driver Name: c. Driver Name: d. Phone No.: Acknowledgement of Receipt of Materials Described Above.  g. Driver Signature  DISPOSAL FACILITY INFORMATION  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: Disposal Facility Information  c. Phone No.: Tiver Signature  DISPOSA	TRANSPORTER INFORMATION	
i. Address:  c. Driver Name:  print/TYPE  d. Phone No::  f. Vehicle License No/State:  Acknowledgement of Receipt of Materials Described Above.  priver Signature  DISPOSAL FACILITY INFORMATION  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address:  1. Truck No.:  DISPOSAL FACILITY INFORMATION  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  b. Physical Address:  1. Truck No.:  DISPOSAL FACILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address:  1. Truck No.:  Acknowledgement of Receipt of Materials Described Above.  DISPOSAL FACILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address:  1. Truck No.:  Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of	TRANSPORTER 1 TRANSPORTER 2	
c. Driver Name:	a. Name: TN63413 WATER 5 h. Name:	
c. Driver Name:  PRINT/TYPE  d. Phone No::  Acknowledgement of Receipt of Materials Described Above.  G. Driver Signature  DISPOSAL FACILITY INFORMATION  a. Site Name:  SAUK TRAIL HILLS DEVELOPMENT b. Physical Address:  Disposal Address:  I hereby certify that the material described above has been accepted for disposal at this facility.  ASBESTOS  a. Operator's Name:  C. Operator's Name:  ASBESTOS  a. Operator's Address:  G. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
d. Phone No.:	a Driver Name: 1533 Mark Alabare 5	
f. Vehicle License No/State: Acknowledgement of Receipt of Materials Described Above.  g. Driver Signature  DISPOSAL FACILITY INFORMATION  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA  c. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials Des		
DISPOSAL FACILITY INFORMATION  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. Phone No.: 734-397-7343 d. Mailing Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  ASBESTOS  a. Operator's Name: Signature ASBESTOS  a. Operator's Name: Signature ASBESTOS  b. Operator's Phone No. Signature C. Operator's Phone No. Signature C. Operator's Phone No. Signature C. Operator's Name: Signature C. Operator's Phone No. Signature C. Operator's Name: Signature C. Operator's Phone No. Signature C. Operator's Name: Signature C. Operator's Phone No. Signature C. Operator's Name: Signature C. Operator's Name: Signature C. Operator's Phone No. Si		
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA canton Township	a La Maller 042/05 n	
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA	DISPOSAL FACILITY INFORMATION	
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA	SALIK TRAIL HILLS DEVELOPMENT 734-397-7343	
Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	e. TICKET No.:	
a. Operator's Name:	I hereby certify that the material described above has been accepted for disposal at this facility.	
a. Operator's Name:		
a. Operator's Name:	t	
a. Operator's Name:		
c. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	15 25 - 751 - 15	
shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	V V	
e. Operator's Name & Title: Print/Type Operator's Signature Date	shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
	e. Operator's Name & Title:    Print/Type   Date	
f. Name and address of responsible agency:	f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909		
g. Friable; Non-friable; Both% friable% non-friable	g. Friable; Both% friable% non-friable	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.	를 받는 것을 보면 함께 보는 것을 보고 있는데 보고 되었다고 있는데 보고 있	

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

## POILOFF# BKR40355 SAUK TRAIL HILLS DEVELOPMENT

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

### NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required.	
Make sure information is transmitted on all copies.  GENERATOR INFORMATION	
LCEDA PONINI V	
c. Address: 4311 Grop Ka d. Address: 14300 HENN AVENUE	
nou lan and la mare	
Address of the state of the sta	
g. Waste Common Name: ASDESTOS CONTAMINATED SOIL & DEDITS  Color: BROWN BLOCK WIDE DIS Odor: NONE	
h. Special Waste Approval Number: 242, 45 4817	
i. Customer Account Number: j. Quantity Type Units DM - METAL DRUM	
DP - PLASTIC DRUM DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  BG - BAG TR - TRUCK OT - OTHER UNITS	
Generator Authorized Agent Name  Signature  Generator Authorized Agent Name  Signature  Shipment Date  P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER	
TRANSPORTER INFORMATION	
TRANSPORTER 1 TRANSPORTER 2	
a. Name: TN/SN WATERS h. Name:	
b. Address:202/5 50///6766 i. Address:	
WETBOIT MI 48127	
c. Driver Name:	
d. Phone No.: 1. Truck No.: 1. Truck No.:	
f. Vehicle License No./State: m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials Described Above.	
g	
DISPOSAL FACILITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343	
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA	
e. TICKET No.:	
I hereby certify that the material described above has been accepted for disposal at this facility.	
f	
Name of Authorized Agent Signature Receipt Date	
ASBESTOS 774-693 - 7694	
a. Operator's Name: USEPA Reg 5 N-FoYUY b. Operator's Phone No. 734-692-7684  c. Operator's Address: 14-300 He nn Dearborn MI 4-612-6	
201 10	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: Brinn Kell 05 C	
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909	
g. Friable; Non-friable; Both% friable% non-friable	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.	

### RONOCF# BKRY 02620 SAUK TRAIL HILLS DEVELOPMENT **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

GENERATOR INFORMATION
LOCDO Project V
And A de D.U
c. Address: 431 (4701) Id. Address: 14300 Heliki AVANUE
Grosse Isle, MI H8136 Dearborn, MI 48126
e. Phone No.: 13H - 497 - 4100 7684 f. Phone No.:
g. Waste Common Name: Appestos Contaminated Soil & Debris
Color: BYOWN/Black W/ Debris Odor: NONE
h. Special Waste Approval Number: 212 15 18/7
i. Customer Account Number:  j. Quantity  Type  Units  DM - METAL DRUM  DP - PLASTIC DRUM
DF - FIBER DRUM  CENTERATORIS CERTIFICATION: I hearby certify that the charge provided material is not a heard on wrote as defined by BG - BAG
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation  TR  TR  TR  OTHER
according to applicable regulations.
Generator Authorized Agent Name  Signature  Generator Authorized Agent Name  Signature  P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTER INFORMATION
TRANSPORTER 1 TRANSPORTER 2
a. Name: Infine water h. Name:
b. Address: 2021 C remarker Hay i. Address:
A-trait 11: 46217
a Driver Name: 0 41/24 16-1
1
d. Phone No.: e. Truck No.: k. Phone No.: l. Truck No.:
f. Vehicle License No./State: m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials Described Above.
0 4 2 0 5 0
Driver Signature Shipment Date Driver Signature Shipment Date
DISPOSAL FACILITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Road
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Road
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA c. TICKET No.: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  Signature  5011 South Lilley Road Canton Township, Michigan 48188 USA  Canton Township, Michigan 48188 USA  Receipt Date
b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA  e. TICKET No.: I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name: 45 EPA Page 5 No Forcer b. Operator's Phone No. 73 4 - 692 - 7684
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name: USEPA Road  D. Operator's Phone No. 734-692-7684  c. Operator's Address: 14300 Heavy D. Operator's Phone No. 734-692-7684  c. Operator's Address: 14300 Heavy D. Operator's Phone No. 734-692-7684
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  f. Name of Authorized Agent  Signature  ASBESTOS  a. Operator's Name: 45 EPA Page 5 No Forcer b. Operator's Phone No. 73 4 - 692 - 7684
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  ASBESTOS  a. Operator's Name: 45 PA Page 5 Note 1 Page 5 Phone No. 73 4 692 7684  c. Operator's Address: 48126  d. Special Handling Instructions and additional information: 48126  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  ASBESTOS  a. Operator's Name: 48188 USA  ASBESTOS  b. Operator's Phone No. 73 4 692 7684  c. Operator's Address: 48188 USA  Description Date  ASBESTOS  d. Special Handling Instructions and additional information: 48186  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  ASBESTOS  a. Operator's Name: 45 PA Page 5 Note 1 Page 5 Phone No. 73 4 692 7684  c. Operator's Address: 48126  d. Special Handling Instructions and additional information: 48126  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.  ASBESTOS  a. Operator's Name: 45 PH Post Signature  ASBESTOS  b. Operator's Phone No. 73 4 69 7 78 44  c. Operator's Address: 45 Phone No. 74 81 76  d. Special Handling Instructions and additional information: 45 Phone No. 75 Phone No. 76 Phone No. 77 8 9 Phone No. 78 9 Pho
b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  can

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

### Rolloff # 016/69 SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.	
GENERATOR	R INFORMATION
a. Generator Name: LISEPA REGION V	b. Generator Location: N - For cer Site
	d. Address: 14300 HENN AVE
Grusselle ml 48138	Dearborn MI 48126
e. Phone No.: 734-692-7660	f. Phone No.:
g. Waste Common Name: Asbestos conta	minated soil & debris
color: Brauxi Black w/ debri	S Odor: NOME
h. Special Waste Approval Number: 242-45-4	217
i. Customer Account Number: 6444	j. Quantity  Type  Units  DM - METAL DRUM  DP - PLASTIC DRUM  DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned 40 CFR 261 or any applicable state law; has been properly classified and pack	
according to applicable regulations.	UNITS P. POLINDS
Generator Authorized Agent Name Signature	Shipment Date  Shipment Date  Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORT	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Intond we test	h. Name:
b. Address: 2021 C saharday Hay	i. Address:
D-tro.t no 45217	
c. Driver Name: A Manufacture PRINT/TYPE	j. Driver Name:
d. Phone No.: 20 44/ 1800 e. Truck No.: 20	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACI	ILITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	pted for disposal at this facility.
f	
Name of Authorized Agent Signature	Receipt Date
	BESTOS
a. Operator's Name: US EPA Reg 5, N-Force	
c. Operator's Address: 14300 Henn Dea	1111
d. Special Handling Instructions and additional information:	Jev ashestos
OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	ts of this consignment are fully and accurately described above by prope d are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly, OSC Print/Type	Brankelly France Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NA PO BOX 30028 LANSING, MI 48909	TURAL RESOURCES
g. 🗖 Friable; 🔲 Non-friable; 🔲 Both	% friable% non-friable
	supervises the facility being demolished or renovated, or the demolition or renovation
operation, or both.	Alexander and the second secon

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

# ROLLOFF # BKR4025 SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.	
GENERATOR INFORMATION	
a. Generator Name: USEPA REGION V b. Generator Location: N- Folder Site	
c. Address: 4311 Grob Rd d. Address: 143CC Heim Avenue	
Grosse Isle 1117 48138 Dearborn 1111 48176	
and the second of the second o	
e. Phone No.: 731-697-7000 f. Phone No.:	
g. Waste Common Name: Abberto Contaminated Scil & (16)115	
Color: Braun Black W Debits Odor: Mone	
h. Special Waste Approval Number: 242 - Y5 - 4817	
i. Customer Account Number:	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  BG - BAG TR - TRUCK OT - OTHER UNITS	
Generator Authorized Agent Name    Brack   Generator Authorized Agent Name   For France   For Fr	
TRANSPORTER INFORMATION	
TRANSPORTER 1 TRANSPORTER 2	
a. Name: TWhan WATE 15	
b. Address: 2021 5 5 CHARFER HWY i. Address:	
WETHOUT MY YSIAD	
c. Driver Name:	
d. Phone No.: 3 5 7 7 5 8 0 0 e. Truck No.: 2011 4 k. Phone No.: 1. Truck No.:	
f. Vehicle License No./State: R = 69 55 /mz m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials Described Above.	
g. Driver Signature n. Driver Signature Shipment Date Shipment Date	
DISPOSAL FACILITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343	
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA	
e. TICKET No.:	
I hereby certify that the material described above has been accepted for disposal at this facility.	
Name of Authorized Agent Signature Receipt Date	
ASBESTOS	
a. Operator's Name: USEPA Rey 5 N-Forcer b. Operator's Phone No. 734-692-7684	
c. Operator's Address: 14300 Tenn Dearborn MT 48126	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: Brian Kelly OSC Breator's Signature Date	
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909	
g. Friable; Non-friable; Both% friable% non-friable	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.	

Yellow - Transporter Copy

White - Disposal Facility

Pink - Generator 2nd Copy

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

15852

# SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies.	
GENERATOR INFORMATION	
a. Generator Name: USEPA REGION V b. Generator Location: Al- TOCE	Site
c. Address: 9311 Groh Rd d. Address: 14300 Henn	Avenue
GIOSSE ISLE MI USIBS NEW DOLD MIL	48126
e. Phone No.: 734-692-7100 f. Phone No.:	
Achardez de alacinadad exil è da	bris
g. Waste Common Name: ASDESICS CUTTOMITY CITE SCIENCE COLOR: BICHALL BLUCK WIDE DEDITS Odor: NICHE	10110
3112 1/5 11617	Sales and the sales are an area
h. Special Waste Approval Number:	TYPE
i. Customer Account Number:	DM - METAL DRUM DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by	DF - FIBER DRUM BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.	TR - TRUCK OT - OTHER
	P - POUNDS
Generator Authorized Agent Name  Signature  Signature  Shipment Date	Y - CUBIC YARDS T - TONS O - OTHER
	O - OTHER
TRANSPORTER INFORMATION	
TRANSPORTER 1 TRANSPORT	그래마이캠
a. Name: TAKAN D. WATERS h. Name:	
b. Address: 2021 5 5 6 H M G / G / B / W / i. Address:	
NETRALT MI 48/27	
c. Driver Name:	
d. Phone No.: 3 83/ 5800 e. Truck No.: 30/5/5/ k. Phone No.: 1. Tr	ruck No.:
f. Vehicle License No./State: m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Material	s Described Above.
g. e. delette an ay as as n.	Chiamat Bata
Driver Signature Shipment Date Driver Signature	Shipment Date
DISPOSAL FACILITY INFORMATION	POSTULE SECTION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343	
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lille	y Road
Canton Township, Michigan 48188 USA Canton Township, Michigan 48	BUILDING THE WALLESTAN TO SEE THE PROPERTY OF
e. TICKET No.:	
I hereby certify that the material described above has been accepted for disposal at this facility.	
Thereby certify that the material described above has been accepted for disposal at this facility.	
f. Name of Authorized Agent Signature Receipt Date	
ASBESTOS	
a. Operator's Name: USEPA Res5 - N-Forcer b. Operator's Phone No. 734-6	92-7684
c. Operator's Address: 14300 Henn, Deurborn, MI 49	5126
d. Special Handling Instructions and additional information: as Per asbestos	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper	
shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
	A 042805
e. Operator's Name & Title: Print/Type Breator's Signature  Operator's Signature	Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909	
g. 🗹 Friable; 🗆 Non-friable; 🗀 Both% friable%	% non-friable
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated operation, or both.	, or the demolition or renovation

### Poll of # 026 205 SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

1000

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Make sure information is transmitted on all copies.	
· ·	INFORMATION
a. Generator Name: USEPA REGION V	b. Generator Location: N. FLYCER SITE
c. Address: 9311 Gyoh Rd	d. Address: 14300 Henn Avenue
Grosse Isle MI 48138	Dearborn MT 48176
e. Phone No.: 734-697-71060	f. Phone No.:
	imported Scil & debiis
Color: Brauni Black W/ Debis	Odor: NONE
h. Special Waste Approval Number:	11
i. Customer Account Number:	j. Quantity  Type  Units  DM - METAL DRUM  DP - PLASTIC DRUM  DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	
Generator Authorized Agent Name  Signature	P POLINDS
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Talland All Marting	h. Name:
b. Address: 242/5 SCHNFFRM HWY	i. Address:
1365Ag15 1m2 4812)	
c. Driver Name: PRINT/TYPE	j. Driver Name:
d. Phone No.: 3 -51/- 350 G. Truck No.: 29/4/4	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: RE6539 /	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	ITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: _734-397-7343
	d. Mailing Address: 5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
	,g
e. TICKET No.:  I hereby certify that the material described above has been accepted for disposal at this facility.	
Thereby certify that the material described above has been accept	ed for disposal at tris facility.
f. Name of Authorized Agent Signature	Receipt Date
ASBESTOS	
a. Operator's Name: USE PA Reas - N. F. V. Cor b. Operator's Phone No. 734-692-76 516  c. Operator's Address: 4300 Henry Pearborn W. T. 48126	
c. Operator's Address: 4300 Henn Dea	rborn WT 48126
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: Brian Kelly, asc. Print/Type	Operator's Signature  Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATI PO BOX 30028 LANSING, MI 48909	URAL RESOURCES
g. 🗆 Friable; 🗆 Non-friable; 🗆 Both	% friable% non-friable
*Operator refers to the company which owns, leases, operates, controls, or su operation, or both.	pervises the facility being demolished or renovated, or the demolition or renovation

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies.	
GENERATOR INFORMATION	
a. Generator Name: USEPA REQUAL V	b. Generator Location: N-FOLDER SITE
mud in	d. Address: 14300 Hann Avenue
Grusse Tle MII 48138	Dearborn MT 481210
e. Phone No.: 134-692-7660	f. Phone No.:
g. Waste Common Name: A5065105 Contan	ninated soil Edebris
COLOR: Brown Black W. Debris	Odor: NOME
h. Special Waste Approval Number:	7.05
i. Customer Account Number:	j. Quantity Type Units  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned may 40 CFR 261 or any applicable state law; has been properly classified and package according to applicable regulations.	, I IB - IBIICK
Generator Authorized Agent Name  Brian ICLG Signature	For EPA 0 1 2 6 0 5 Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTER	RINFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Intant water	h. Name:
b. Address: 2021 C Cabarton Hay	i. Address:
2 11 1/- 0	j. Driver Name:
d. Phone No.: 313-841-5701 e. Truck No.: 96	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	ITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accepte	d for disposal at this facility.
f.	
Name of Authorized Agent Signature	Receipt Date
	STOS 734-692-7684
a. Operator's Name: USEPA Reg 5 N-Forcer c. Operator's Address: 14300 Henn, Dea	Norn, MI 48/26
d. Special Handling Instructions and additional information:	per aspestes
OPERATOR'S CERTIFICATION: I hereby declare that the contents of	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly, 656 Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATU PO BOX 30028 LANSING, MI 48909	IRAL RESOURCES
,	% friable % non-friable
g. Littlimato,	

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

#### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

0815

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.	
GENERATOR INFORMATION	
a. Generator Name: USE PA REGIONI V	b. Generator Location: N-Forcer Site
c. Address: 9311 Grob Bd	111
Grosse De MI 48138	Deartory mit 481210
o Phone No. 734-1092-7/0/0	f Dhana No :
g. Waste Common Name: Ashestos Conta	minated Soil & debits
Color: Bruwilf Black W/ Debri	S Odor: NONE
h. Special Waste Approval Number: 242 - 45 - 431	7
i. Customer Account Number:	j. Quantity Type Units TYPE  DM - METAL DRUM  DP - PLASTIC DRUM  DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned r 40 CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	1 TR - TRUCK
Generator Authorized Agent Name  Breen Icel Signature	B BOUNDS
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: In fand waters	h. Name:
b. Address: 2021 J. Cohenter Hay	. i. Address:
Date of M. 48217	
c. Driver Name: A. B. Low Cond	j. Driver Name:
d. Phone No.: 11-841 5800 e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
9. 72 705	n.
Driver Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FACIL	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: _734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	ted for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
ASBESTOS	
a. Operator's Name: USEPA Rog5, N-Forcer b. Operator's Phone No. 734-692-7684  c. Operator's Address: 14300 Henn, Dear Dovn, MT 48126	
c. Operator's Address: 14300 Henn, Dec	arborn MT 48126
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according	
to applicable international and government regulations.  e. Operator's Name & Title: Brint Fellows C Print Type	Brein Male For EM 042705 Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	'URAL RESOURCES
g. Friable; Non-friable; Both	% friable % non-friable
*Operator refers to the company which owns, leases, operates, controls, or su operation, or both.	upervises the facility being demolished or renovated, or the demolition or renovation

Yellow - Transporter Copy

White - Disposal Facility

Pink - Generator 2nd Copy

# Rolloff # BORY OF SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies.	
GENERATOR II	NFORMATION
a. Generator Name: USEPA Regency V b	
Grosse Ile MI 48138	Dearborn MI 48126
e. Phone No.: 134-692-7660 f.	Phone No.:
	inated Soil & debris
11/0 1/01	Odor: MONE
n. Special Waste Approval Number:	Quantity Type Units TYPE
1. Sustainer Account Number.	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned mate 40 CFR 261 or any applicable state law; has been properly classified and packaged according to applicable regulations.	erial is not a nazardous waste as defined by
Brian Kell/ Generator Authorized Agent Name  Brian Kell/ Signature	For EPA 042705 P - POUNDS Y - CUBIC YARDS T - TONS
	O - OTHER
TRANSPORTER 1	TRANSPORTER 2
	. Name:
	Address:
DETRUT MEZ 48127	
c. Driver Name: PRINT/TYPE j.	Driver Name:
a managed a first and a second	. Phone No.:I. Truck No.:
f. Vehicle License No./State:	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FACILIT	TY INFORMATION
	. Phone No.: 734-397-7343  . Mailing Address: 5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accepted	for disposal at this facility.
f.	
Name of Authorized Agent Signature	Receipt Date
ASBESTOS TO A CONTROL OF THE ASSESSED TO A CO	
a. Operator's Name: U.S. E.P.A. Reg. 5, N-Forcer b	Operator's Phone No. 134 1672 1687
c. Operator's Address:	Der aspostos
a. Operator's Name: 45 FA 1693 1 FORM b. Operator's Phone No. 734 672 1684  c. Operator's Address: 14300 He nn Dear harm  d. Special Handling Instructions and additional information: 4500 500 500 500 500 500 500 500 500 50	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: Brien Kelly, CSC Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATUR PO BOX 30028 LANSING, MI 48909	AL RESOURCES
g. 🗆 Friable; 🗆 Non-friable; 🗆 Both	% friable% non-friable
*Operator refers to the company which owns, leases, operates, controls, or super operation, or both.	vises the facility being demolished or renovated, or the demolition or renovation

Yellow - Transporter Copy

White - Disposal Facility

Pink - Generator 2nd Copy

#### SAUK TRAIL HILLS DEVELOPMENT **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except where signature is required.	
Make sure information is transmitted on all copies.  GENERATOR INFORMATION	
100000000000000000000000000000000000000	b. Generator Location: M-Forcer Site
0-11/10/10/11	d. Address: 1/300 Henn Avenue
Gresse The MI 49.138	DEAL WANT MT 481210
e. Phone No.: 734-692-7660	f. Phone No.:
g. Waste Common Name: ASDESTOS CONTE	iminated Soil & debris
Color: Brown Black w/ debri	5 Odor: NONE
h. Special Waste Approval Number:	i Quantity Type Units TYPE
i. Customer Account Number:	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned r 40 CFR 261 or any applicable state law; has been properly classified and packa	, I ID - IDIICK I
according to applicable regulations.	UNITS P - POUNDS
Generator Authorized Agent Name  Brankelly Signature	For EPA 0 4 2 7 0 5 Shipment Date Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: TNBRAY WATERS	h. Name:
b. Address 2021 5 SCHOETER HWY	i. Address:
DETROIT MI V8120	
c. Driver Name: PRINT/TYPE	j. Driver Name:
d. Phone No.: 3 - 53/1 - 5800 e. Truck No.: 20/5/5	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: 100	m.Vehicle License No./State:
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: _734-397-7343
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	ted for disposal at this facility.
t	
Name of Authorized Agent Signature	Receipt Date
	ESTOS
a. Operator's Name: USEPA Pag 5 N-LorceV	b. Operator's Phone No. 734-692-7684
	1
d. Special Handling Instructions and additional information:	ger aspestos
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: Brian Kelly osc Print/Type	Brew Kelly For FIA 042705 Operator's Signature Date
f. Name and address of responsible agency:	*
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	URAL RESOURCES
	% friable% non-friable
7	upervises the facility being demolished or renovated, or the demolition or renovation
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy

MANIFEST NUMBER

#### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.	
GENERATOR INFORMATION	
a. Generator Name: USEPH REGION V	b. Generator Location: N-Forcer Site
0-11/1/17/1	d. Address: 14300 HENN AVENUE
Grosse Ile MI 48138	Dearborn MI 48126
e. Phone No.: 734-692-7660	Phone No.:
g. Waste Common Name: ASheStOS CONTA	minated Soil & debris
9110 (15.1101	Odor: NONE
h. Special Waste Approval Number:	Quantity Type Units TYPE
i. Customer Account Number:	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned ma 40 CFR 261 or any applicable state law; has been properly classified and package	
according to applicable regulations.	UNITS P. POLINIS
Generator Authorized Agent Name  Bread Signature	Shipment Date  Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTER	INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Intart water	n. Name:
b. Address: 2621 S. Jana See Husy i	. Address:
2 11 11	. Driver Name:
d. Phone No.: 111-841-5800 e. Truck No.: 96	k. Phone No.:I. Truck No.:
[2]	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n
DISPOSAL FACILI	TY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343
b. Physical Address: 5011 South Lilley Road	d. Mailing Address:5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accepted	for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
Name of Authorized Agent Signature Receipt Date  ASBESTOS	
c. Operator's Address: 14300 Henn Dec	b. Operator's Phone No. 734 - 692-7684
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Operator's Name & Title: Brian Kelly, OSC	Brankley For EYA 042805 Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909	
g. 🗆 Friable; 🗆 Non-friable; 🗆 Both	% friable% non-friable
*Operator refers to the company which owns, leases, operates, controls, or super operation, or both.	rvises the facility being demolished or renovated, or the demolition or renovation

Pink - Generator 2nd Copy

White - Disposal Facility

Yellow - Transporter Copy

### RO110FF# 029 172 SAUK TRAIL HILLS DEVELOPMENT **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  DM - M DP - P DF - F BG - B TR - T OT - C Generator Authorized Agent/Name Signature Signature Shipment Date	126 13
c. Address:  d. Address: d.	126 13
e. Phone No.:  g. Waste Common Name:  Color:  h. Special Waste Approval Number:  i. Customer Account Number:  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation or cording to applicable regulations.  Generator Authorized Agent Name  Signature  Signature  Signature  Signature  Signature  Shipment Date	126 13
e. Phone No.:  g. Waste Common Name:  Color:  h. Special Waste Approval Number:  j. Quantity  Type  Units  DM - N  DP - P  OF - F  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  Generator Authorized Agent/Name  Signature  Signature  Shipment Date	TYPE
e. Phone No.:  g. Waste Common Name:  Color:  Color:  Discreption of the control	TYPE
g. Waste Common Name:  Color:  Dodor:  i. Customer Account Number:  j. Quantity  Type  Units  DM - N  DP - P  DF - F  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  Generator Authorized Agent Name  Signature  Signature  Signature  Signature	TYPE
h. Special Waste Approval Number:  j. Quantity  Type  Units  DM - N  DP - P  DF - F  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  Generator Authorized Agent Name  Signature  Signature  Signature  Signature	TYPE
i. Customer Account Number:  j. Quantity Type Units DM - M DP - P DF - P	TYPE
i. Customer Account Number:  j. Quantity Type Units DM - M DP - P OF - F GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  Generator Authorized Agent Name Signature Signature Signature T - T	
i. Customer Account Number:  j. Quantity Type Units DM - M DP - P OF - F GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.  Generator Authorized Agent Name Signature Signature Signature T - T	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.    P	IETAL DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.    BG	PLASTIC DRUM
40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.    P	
Brican Vell  Brian (all Fire Fra 042805)  Py - Co  Generator Authorized Agent Name  Signature  Signature  Signature	TRUCK
Generator Authorized Agent Name  Signature  Signature  Shipment Date  Y - C T O - C	UNITS POUNDS
O - C	CUBIC YARDS
	OTHER
TRANSPORTER INFORMATION	
TRANSPORTER 1 TRANSPORTER 2	
a. Name: TV (AV ) V/378/3 h. Name:	P
b. Address: 202/ 5 50HRETER HWY i. Address:	
136 THOIT PAT 48127	
c. Driver Name: j. Driver Name: PRINT/TYPE	
d. Phone No.: I. Truck No.: I. Truck No.: I.	
f. Vehicle License No./State: m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials Described	d Above.
a sulliffer se oyasos n	
	Shipment Date
DISPOSAL FACILITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343	*
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA Canton Township, Michigan 48188 USA	JSA
e. TICKET No.:	*
I hereby certify that the material described above has been accepted for disposal at this facility.	
f.	
Name of Authorized Agent Signature Receipt Date	
ASBESTOS	
a. Operator's Name: USETA log 5 N-Furler b. Operator's Phone No. 734-692-7	168H
c. Operator's Address: 14300 Henn, Dearborn WI 48126	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by his to applicable international and government regulations.	above by prop ghway accordi
e. Operator's Name & Title: Brian Hell OSC Brein Hell F. Fr. OSC Operator's Signature	7 2 8 0 J Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028	
LANSING, MI 48909	

15860

### POLIO F # 02/4/69 SAUK TRAIL HILLS DEVELOPMENT **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

GENERATO	R INFORMATION
210101 0000111	11 Flygor aito
0-11/1/10/1	b. Generator Location: AFFOREY SITE
0	d. Address: 14300 HEMM AVEINE
Grosse 11e M1 48138	DEARDOFN 1111 48126
e. Phone No.: 1341-1042-71000	_ f. Phone No.:
g. Waste Common Name: 45065105 (CONTA	ominated Sul & debris
1110 116-110	Odor: 74074
h. Special Waste Approval Number:	j. Quantity Type Units TYPE
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	material is not a hazardous waste as defined by  material is not a hazardous waste as defined by  material is not a hazardous waste as defined by  material is not a hazardous waste as defined by
40 CFR 261 or any applicable state law; has been properly classified and pacl according to applicable regulations.	kaged, and is in proper condition for transportation  TR - TRUCK OT - OTHER
Break Commercial Break	Shipment Date  UNITS P - POUNDS Y - CUBIC YARDS T TONS O - OTHER
TRANSPORT	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Infant water	
b. Address: 2021 S save for No.	
A-trait M. 4-217	
	The state of the s
c. Driver Name: M. Blander PRINT/TYPE	j. Driver Name:
d. Phone No.: 413 - 2/4 - 5 - 20e. Truck No.: 96	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
042805	n.
Driver Signature Shipment Date	Driver Signature Shipment Date
DISPOSAL FAC	U. ITV INTERPRETATION
DISPUSAL FAC	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: _734-397-7343
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road	c. Phone No.: 734-397-7343 d. Mailing Address: 5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343 d. Mailing Address: 5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road	c. Phone No.: 734-397-7343 d. Mailing Address: 5011 South Lilley Road
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.:	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.:  I hereby certify that the material described above has been accepted.	c. Phone No.:734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA  oted for disposal at this facility.
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been accepted.  Name of Authorized Agent Signature	c. Phone No.:734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA  oted for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.:  I hereby certify that the material described above has been accepted.  Name of Authorized Agent  Signature  ASE	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  Dited for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.:  I hereby certify that the material described above has been accepted.  Name of Authorized Agent  Signature  ASE	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  Dited for disposal at this facility.  Receipt Date
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been accept f. Name of Authorized Agent  ASI a. Operator's Name: 45 FM Road Section Accept C. Operator's Address: 45 FM Road Section Accept C. Operator's Address: 46 FM Road Section Accept C. Operator's Address: 47 FM Road Section Accept C. Operator's Address Accept C. Operator's Address Accept C. Operator's Address Accept C. Operator's Address Accept C. Operator's Accept C. Operator's Accept C. Operator's Accept C. Operator's	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No734-692-7684
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been accept f. Name of Authorized Agent  ASI a. Operator's Name: 45 FM Road Section Accept C. Operator's Address: 45 FM Road Section Accept C. Operator's Address: 46 FM Road Section Accept C. Operator's Address: 47 FM Road Section Accept C. Operator's Address Accept C. Operator's Address Accept C. Operator's Address Accept C. Operator's Address Accept C. Operator's Accept C. Operator's Accept C. Operator's Accept C. Operator's	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No734-692-7684
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been accept f. Name of Authorized Agent  Signature  ASI a. Operator's Name: Signature C. Operator's Address: Operator's Op	c. Phone No.: _734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No734-692-7684
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  e. TICKET No.:  I hereby certify that the material described above has been accept  f. Name of Authorized Agent  Signature  ASI  a. Operator's Name: Signature  C. Operator's Address: Operator's Operator'	c. Phone No.:734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No734-692-7684  s of this consignment are fully and accurately described above by proged are in all respects in proper condition for transport by highway according the state of the sta
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been accept f. Name of Authorized Agent  Signature  ASI a. Operator's Name: Signature C. Operator's Address: Operator's Op	c. Phone No.:734-397-7343  d. Mailing Address:5011 South Lilley Road  Canton Township, Michigan 48188 USA  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No734-692-7684  s of this consignment are fully and accurately described above by proged are in all respects in proper condition for transport by highway according the state of the sta
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA e. TICKET No.:  I hereby certify that the material described above has been accept f. Name of Authorized Agent  Signature  ASI a. Operator's Name: Signature  C. Operator's Address: Operator's Name & Title: Operator's	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  Dited for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 734-692-7684  s of this consignment are fully and accurately described above by prograted are in all respects in proper condition for transport by highway according to the state of the stat
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT b. Physical Address: 5011 South Lilley Road Canton Township, Michigan 48188 USA e. TICKET No.: I hereby certify that the material described above has been accept f. Name of Authorized Agent  ASI a. Operator's Name: Signature  C. Operator's Address: OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations. e. Operator's Name & Title: OPERATOR'S Name &	c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  Dited for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 734-692-7684  s of this consignment are fully and accurately described above by prograted are in all respects in proper condition for transport by highway according to the state of the stat

# NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except whe Make sure information is transmitted on all copies.	
9	INFORMATION
a. Generator Name: USEPA MEGICAL V	b. Generator Location: N-Forcer Site
c. Address: 9311 Grob Bd	d. Address: 14300 HENN AVAIVE
Grosse Tle MT 48138	Dearborn MI 48126
e. Phone No.: 134-692-71060	f. Phone No.:
g. Waste Common Name: AShestos Conta	minated Soil & debris
Color: Brown Black widebrie	Odor: NONE
II. Opecial Waste Approval Number.	j. Quantity Type Units TYPE
i. Customer Account Number:  GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in the control of the contro	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and package according to applicable regulations.	OI - OIHER
Brian Kelly Generator Authorized Agent Name  Breintelle Signature	For EPA  O 4 2 8 0 5  Shipment Date  P P POUNDS  CUBIC YARDS  T TONS  O OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Intend work	
b. Address: 2021 S sameting Hary	
Detect M. 48217	I. Address.
c. Driver Name: R. Bkalled	j. Driver Name:
FRINITIFE	PRINT/TYPE
d. Phone No.: 111- 44// 1800 e. Truck No.: 70	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: 911 15	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
	-
I hereby certify that the material described above has been accept	ed for disposal at this facility.
f. Name of Authorized Agent Signature	Pagint Data
	Receipt Date
	the state of the s
a. Operator's Name: LCEPA Rec 05, N-Torce	b. Operator's Phone No. 734 - 697 - 76 x 4
c. Operator's Address: 14300 de 1/1 Deg	rborn Mr Tol 26
d. Special Handling Instructions and additional information:	per abbestos
shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	of this consignment are fully and accurately described above by prope are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly, OSC Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	URAL RESOURCES
	% friable % non-friable
<b>*</b>	pervises the facility being demolished or renovated, or the demolition or renovation
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy

# RO11-074 # 026172 SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except when Make sure information is transmitted on all copies.	e signature is required.	
GENERATOR	INFORMATION	
a. Generator Name: USEPA Region V	b. Generator Location: N-Force	Site
c. Address: 9311 Groh Bd	11/200 1/21/11	AVENILLE
A man come the same	d. Address: 14000 HENNI	101010
4-11/100 01/0	f. Phone No.:	DILU
Appendix Contam	inated Soil & deb	vih
7 17/ / / / /		
01/0 1/2 1/01	Odor: NIME	
h. Special Waste Approval Number:	7	7/05
i. Customer Account Number:	A Local Control Local Control Local Control Local Control Cont	TYPE DM - METAL DRUM DP - PLASTIC DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned n		DF - FIBER DRUM BG - BAG
40 CFR 261 or any applicable state law; has been properly classified and packa	ged and is in proper condition for transportation	TR - TRUCK OT - OTHER
according to applicable regulations.		UNITS P - POUNDS
Generator Authorized Agent Name Signature	Fig. E.PA 042805 Shipment Date	Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORTE	R 2
a. Name: TNAMN WATERS	h. Name:	
b. Address; 2021 5 SCHAEFER HWY	i. Address:	
NETBOIT MT 4/8/27		
c. Driver Name: TELT WILLIAMS	j. Driver Name:	10-
d. Phone No.: 3-544 5500 e. Truck No.: 20144	k. Phone No.:I. Truc	ck No.:
f. Vehicle License No./State: R4-69-59	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials I	Described Above.
allellen of 2x 0x	n	
Driver Signature Shipment Date	Driver Signature	Shipment Date
DISPOSAL FACIL	ITY INFORMATION	
CALIF TRAIL HILLS DEVELOPMENT	704 007 7040	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 481	88 USA
e. TICKET No.:		
I hereby certify that the material described above has been accepted	ed for disposal at this facility.	
f. Name of Authorized Agent Signature	Receipt Date	
ASB	ESTOS	
a. Operator's Name: USI Pt Rog5 - W Five	b. Operator's Phone No. 734-69	72-7681
ACCURACY OF THE CONTRACT OF TH	earborn, MT 4	8176
c. Operator a Address.	san delete	gen,
d. Special Handling Instructions and additional information:	3/1 0400	)
OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.		
	Brankle For EFA Operator's Signature	042805 Date
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATI	URAL RESOURCES	
LANSING, MI 48909  g. Spriable; South Both Both	% friable % r	non-friable
• 7		
*Operator refers to the company which owns, leases, operates, controls, or su operation, or both.	pervises the facility being demolished or renovated, o	r trie demolition or renovation
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Genera	ator 1st Copy

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

### ROLLOFF # 625890 SAUK TRAIL HILLS DEVELOPMENT **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

GENERATO	R INFORMATION	THE RESERVE NAMED IN
10000	4/ /	or site
0-110 1 11	b. Generator Location: N - FOYCO	1101/110
Grosse Ile MICH8138	d. Address: 14300 HEMM	481710
V010-13	f. Phone No.:	101 KW
Phone No.: 134-692-4660768	miniated Sull & C	Johnie
77 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1	16/1/10
Oolo.	e odol. 7 trans	
. Opecial Waste Approval Humber.	j. Quantity Type Units	TYPE
Customer Account Number:	ababs To 7	DM - METAL DRUM DP - PLASTIC DRUM
SENERATOR'S CERTIFICATION: I hereby certify that the above mentioned	material is not a hazardous waste as defined by	DF - FIBER DRUM BG - BAG
0 CFR 261 or any applicable state law; has been properly classified and pact coording to applicable regulations.		TR - TRUCK OT - OTHER
2 44 4 4 4 4	5 5 4 0 4 2 5 6 5	P - POUNDS Y - CUBIC YARDS
Senerator Authorized Agent Name  Signature	Shipment Date	T - TONS O - OTHER
TRANSPORT	ER INFORMATION	A WALLEY
TRANSPORTER 1	TRANSPORT	ER 2
Name: TNIANU WITTERS		
Address; 20215 SCHARFER HUV	- 0.27 (3.5)	
DETROIT ME 48/20		
Driver Name: PRINT/TYPE	j. Driver Name:	
I. Phone No.: 2-54/-5500 e. Truck No.: 20/5/5	k. Phone No.: PRINT/TYPE	well No.
e. Truck No.	_ K. Phone No.:	uck No.:
Walting Lineage No (Chate: MAS / C. 5 C	- Vahiala Liaanaa Na (Stata)	
Vehicle License No./State: Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:  Acknowledgement of Receipt of Material	No. of the second secon
Acknowledgement of Receipt of Materials Described Above.		
Acknowledgement of Receipt of Materials Described Above.  Driver Signature  Shipment Date	Acknowledgement of Receipt of Material	s Described Above.
Acknowledgement of Receipt of Materials Described Above.  Driver Signature  DISPOSAL FAC	n. Driver Signature	s Described Above.
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  DISPOSAL FAC  A. Site Name: SAUK TRAIL HILLS DEVELOPMENT	Acknowledgement of Receipt of Materials  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343	Shipment Date
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  D. Physical Address: 5011 South Lilley Road	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille	S Described Above.  Shipment Date
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Disposal Fac  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  D. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA	Acknowledgement of Receipt of Materials  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343	S Described Above.  Shipment Date
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  DISPOSAL FAC  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  TICKET No.:	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48	S Described Above.  Shipment Date
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Disposal Fac  a. Site Name: SAUK TRAIL HILLS DEVELOPMENT  D. Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48	S Described Above.  Shipment Date
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  DISPOSAL FAC  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  TICKET No.:	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48	S Described Above.  Shipment Date
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  oted for disposal at this facility.	S Described Above.  Shipment Date
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  DISPOSAL FAC  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  TICKET No.:  I hereby certify that the material described above has been accepted by the state of Authorized Agent  Name of Authorized Agent	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  Dited for disposal at this facility.  Receipt Date	S Described Above.  Shipment Date
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  DISPOSAL FAC  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  TICKET No.:  I hereby certify that the material described above has been accepted.  Name of Authorized Agent  Signature  ASI	Acknowledgement of Receipt of Materials  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  Detected for disposal at this facility.  Receipt Date	S Described Above.  Shipment Date  Y Road  1188 USA
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  Disposal Fac  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Described Above.  Shipment Date  Disposal Fac  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Described Above Has Bush  Ticket No.:  I hereby certify that the material described above has been accepted abov	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  Detection of the Control o	S Described Above.  Shipment Date  Y Road  1188 USA
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  Disposal Fac  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  TICKET No.:  I hereby certify that the material described above has been accepted a source of Authorized Agent  ASI  Operator's Name: ASI  Operator's Address: 1 ASI  Operator's ASI  Operator'	Acknowledgement of Receipt of Materials  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  Oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 734-69	S Described Above.  Shipment Date  Y Road  1188 USA
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  Disposal Fac  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  TICKET No.:  I hereby certify that the material described above has been accepted a source of Authorized Agent  Name of Authorized Agent  Signature  ASI  Operator's Name: 48188 USA  Signature  ASI  Special Handling Instructions and additional information: 48188	Acknowledgement of Receipt of Materials  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  Oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 734-69	y Road  188 USA
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  Disposal Fac  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Physical Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  TICKET No.:  I hereby certify that the material described above has been accepted a source of Authorized Agent  ASI  Operator's Name: ASI  Operator's Address: 1 ASI  Operator's ASI  Operator'	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille Canton Township, Michigan 48  Detection of the Company of	y Road  1188 USA  described above by prop
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  Disposal Fac  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Described Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  Described Address: I hereby certify that the material described above has been accepted a signature  Name of Authorized Agent  Signature  ASI  Described Above.  ASI  A. Operator's Name: Asi  Described Above has been accepted above has been accepted a signature.  Described Above.  Described Abo	Acknowledgement of Receipt of Material  n. Driver Signature  ILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 734  s of this consignment are fully and accurately dare in all respects in proper condition for transport of the state of	y Road  188 USA  described above by propasport by highway according
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  Disposal Fac  Site Name: SAUK TRAIL HILLS DEVELOPMENT  Described Address: 5011 South Lilley Road  Canton Township, Michigan 48188 USA  Described Above has been accepted above has been accepted above has been accepted.  Name of Authorized Agent  Signature  ASI  Described Above.  ASI  A. Operator's Name: ASI  Described Agent Signature  ASI  Described Above has been accepted	Acknowledgement of Receipt of Material  n. Driver Signature  ILITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  oted for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 734  s of this consignment are fully and accurately dare in all respects in proper condition for transport of the state of	y Road  188 USA  described above by proposport by highway according
Acknowledgement of Receipt of Materials Described Above.  Disposal Fac  Shipment Date  Disposal Fac  Signature  ASI  Signature  Disposal Fac  ASI  Signature  ASI  Signature  Disposal Fac  ASI  Signature  ASI  Signature  Disposal Fac  ASI  Signature  ASI  Signature  ASI  Signature  Disposal Fac  ASI  Signature  ASI  Signat	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille  Canton Township, Michigan 48  Detection of the Company o	y Road  188 USA  described above by proposport by highway according
DISPOSAL FAC  Shipment Date  Shipment Date  DISPOSAL FAC  Disposal Fac  Shipment Date  Disposal Fac  Shipment Date  Disposal Fac  Shipment Date  Disposal Fac  Disposal Fac  Shipment Date  Disposal Fac  Shipment Date  Disposal Fac  Disposal Fac  Shipment Date  Disposal Fac  Shi	Acknowledgement of Receipt of Material  n. Driver Signature  LITY INFORMATION  c. Phone No.: 734-397-7343  d. Mailing Address: 5011 South Lille Canton Township, Michigan 48  Detected for disposal at this facility.  Receipt Date  BESTOS  b. Operator's Phone No. 74  Grant of this consignment are fully and accurately dare in all respects in proper condition for transport of the consignment and the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consignment are fully and accurately dare in all respects in proper condition for transport of the consideration of th	y Road  188 USA  described above by propasport by highway according

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.	
GENERATOR INFORMATION	
a. Generator Name: USEPH REGION V b. Generator Location: N- Force	r Site
2 m 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c. Address: 93/1 Grob Bd d. Address: 14300 HENIN	AVERIOR
Grosse Ile MISH8138 Dearborn MI	48120
e. Phone No.: 734-192-7777684 f. Phone No.:	1-1 :
g. Waste Common Name: Abbestos contaminated Soil & C	
Color: Brawl Black Wdebris Odor: NONE	<u> </u>
h. Special Waste Approval Number: 21/2-15-48/7	water 1
i. Customer Account Number:	TYPE  DM - METAL DRUM  DP - PLASTIC DRUM  DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law; has been properly classified and packaged, and is in proper condition for transportation according to applicable regulations.	BG - BAG TR - TRUCK OT - OTHER
O Male	P - POUNDS
Generator Authorized Agent Name Signature Shipment Date	Y - CUBIC YARDS T - TONS
	O - OTHER
TRANSPORTER INFORMATION	
TRANSPORTER 1 TRANSPORT	ER 2
a. Name: Tracker with the Name:	
b. Address: 2021 & salada, Hay i. Address:	
Detroit in 48217	
c. Driver Name: 7. D (could see j. j. Driver Name:	
d. Phone No.: 11 841-5800 e. Truck No.: 90 k. Phone No.: 1. Tr	ruck No.:
f. Vehicle License No./State: m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.  Acknowledgement of Receipt of Materials	s Described Above.
042505	
g. Driver Signature Shipment Date n. Driver Signature	Shipment Date
DISPOSAL FACILITY INFORMATION	
CALIZ TRAIL HILLS DEVELOPMENT 724 207 7242	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT c. Phone No.: 734-397-7343	u Dood
b. Physical Address: 5011 South Lilley Road d. Mailing Address: 5011 South Lilley	
Canton Township, Michigan 48188 USA Canton Township, Michigan 48	188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accepted for disposal at this facility.	
f. Name of Authorized Agent Signature Receipt Date	
ASBESTOS	
a. Operator's Name: US FPA Rog 5 N-Forcer b. Operator's Phone No. 734-6	92-7684
c. Operator's Address: 14300 Henn Dearborn MT	48126
d. Special Handling Instructions and additional information:	5
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for tran	
e. Operator's Name & Title:  Print/Type  Print/Type  Operator's Signature	A 0 42505
f. Name and address of responsible agency:	100
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NATURAL RESOURCES PO BOX 30028 LANSING, MI 48909	
g. 🕽 Friable; 🗆 Non-friable; 🗀 Both% friable%	6 non-friable
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, operation, or both.	

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATO	RINFORMATION
a. Generator Name: USEPA REGION V	b. Generator Location: N-Forcer Site
02111 1 21	d. Address: 14300 HENNI AVENUE
Grisse He MIGH18138	DEARBORN MI 48126
e. Phone No.: 734-692-7660 7684	f. Phone No.:
a. Waste Common Name: Abbestos Contan	ninated Soil e debris
Color: BROWN/ BLACK W/debris	odor: NONE
n. Special Waste Approval Number: 242 - 13 - 431	
. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL DRUM DP - PLASTIC DRUM
SENERAL PROPERTY OF THE PROPER	DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned 40 CFR 261 or any applicable state law; has been properly classified and pace	material is not a nazardous waste as defined by
according to applicable regulations.	UNITS P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date  Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORT	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: TAKANO WATERS	h. Name:
D. Address: 202/ S SCHACEFER HWY	i. Address:
DETROIT MY 45/29	· · · · · · · · · · · · · · · · · · ·
c. Driver Name: PRINT/TYPE	j. Driver Name:
I. Phone No.:/3 -83/1-58/10 e. Truck No.: 20199	k. Phone No.:I. Truck No.:
. Vehicle License No./State: Rd 6559	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FAC	ILITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
	Santon Fowniship, Internigan 40100 SCA
e. TICKET No.:	
I hereby certify that the material described above has been acce	pted for disposal at this facility.
5	
Name of Authorized Agent Signature	Receipt Date
	BESTOS
	b. Operator's Priorie No.
Operatorio Addresso III 300 36 U.S. Ag	CI DONA DE LA LA
c. Operator's Address: 14 300 7 km De	5 15 15 USLOSTIC
d. Special Handling Instructions and additional information:	s per aspostos
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and applicable international and government regulations.	ts of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and applicable international and government regulations.	ts of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according
a. Operator's Name:  C. Operator's Address:  d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:	ts of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NA PO BOX 30028	ts of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according to the following specific specifi
d. Special Handling Instructions and additional information:  OPERATOR'S CERTIFICATION: I hereby declare that the content shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.  e. Operator's Name & Title:  PrintType  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NA PO BOX 30028  LANSING, MI 48909	ts of this consignment are fully and accurately described above by proper dare in all respects in proper condition for transport by highway according to the following specific specifi

White - Disposal Facility

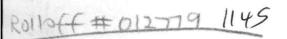
Yellow - Transporter Copy

Pink - Generator 2nd Copy

Rolloff #025801 1030

### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except where signature is required.  Make sure information is transmitted on all copies.		
	INFORMATION	
a. Generator Name: USEPA Region V	b. Generator Location: N- Forcer Site	
	d. Address: 14300 Henn Avenue	
Gross Tle. 41048138		
e. Phone No.: 734-692 7684	f. Phone No.:	
g. Waste Common Name: Ashas Constant		
color: brown / black uv debris	Odor: Vone	
h. Special Waste Approval Number: 242 - 15	-4817	
i. Customer Account Number: 4444	j. Quantity Type Units TYPE DM - METAL DRUM	
	DP - PLASTIC DRUM DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packa	I IB - IBUCK	
according to applicable regulations.	UNITS POLINIOS	
Generator Authorized Agent Name Signature	Shipment Date  Y - CUBIC YARDS T - TONS	
	O - OTHER	
	R INFORMATION	
a. Name: Talda a la	TRANSPORTER 2	
b. Address: 202/ 5 50//26/27 // WV		
DETROIT ME 48127	i. Address.	
c. Driver Name: PRINT/TYPE	j. Driver Name:	
	PRINT/TYPE	
d. Phone No.: 3 5 5 6 e. Truck No.: 20/34	k. Phone No.:I. Truck No.:	
f. Vehicle License No./State: ***	m.Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.	
04/22/05		
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date	
DISPOSAL FACIL	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	734-397-7343	
b. Physical Address: 5011 South Lilley Road		
Canton Township, Michigan 48188 USA		
e. TICKET No.:		
I hereby certify that the material described above has been accept	ed for disposal at this facility.	
f. Name of Authorized Agent Signature	Receipt Date	
	ESTOS	
a. Operator's Name: USEPAREGION5-N. Force	1.0	
	earborn, MT 48126	
d. Special Handling Instructions and additional information:	is per Asbestos	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by prope shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.		
e. Operator's Name & Title: Brian Kelly CSC Print/Type	Decided For EPA 04205	
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	URAL RESOURCES	
	% friable% non-friable	
	pervises the facility being demolished or renovated, or the demolition or renovation	
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy	



#### SAUK TRAIL HILLS DEVELOPMENT **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except when Make sure information is transmitted on all copies.	
	INFORMATION
a. Generator Name: USEPA Region V	b. Generator Location: V-Torcer 5.1c
c. Address: 9311 Grob Raad	d. Address: 14300 Henn Avenue
Grosse Ile, Mp6(8138	Dearborn, MI 48126
e. Phone No.: 734-692-7000 7684	
	animated Soil + Debris
	Odor: None
h. Special Waste Approval Number: 343 45 48	
i. Customer Account Number:	material is not a hazardous waste as defined by  DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG TRUCK
40 CFR 261 or any applicable state law; has been properly classified and packed according to applicable regulations.	aged, and is in proper condition for transportation OT - OTHER UNITS
Generator Authorized Agent Name Signature	
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Inland water	h. Name:
b. Address: 2021 S. Scharden Han	
Notes + M., 48217	
c. Driver Name: PRINT/TYPE	
d. Phone No.: 317 - 847 - 7500 e. Truck No.: 96	
f. Vehicle License No./State:	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACIL	LITY INFORMATION
DIGI COAL LACI	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	
b. Physical Address: 5011 South Lilley Road	d. Mailing Address: 5011 South Lilley Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	-
I hereby certify that the material described above has been accept	ted for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
ASB	ESTOS
a. Operator's Name: USEPA Rog 5, N-Force	h Operator's Phone No. 734 -692 - 7684
1./	eurborn, MT 45126
d. Special Handling Instructions and additional information:	V
	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
W	Operator's Signature Date
e. Operator's Name & Title: Print/Type	
e. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:	
f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028	URAL RESOURCES
f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	**URAL RESOURCES***  **
f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909  g. Friable;	

# Rolloff # BKR40 12554

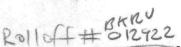
#### **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except whe Make sure information is transmitted on all copies.	re signature is required.
	INFORMATION
a. Generator Name: USHPA NFINGER SITE	b. Generator Location:
c. Address: 14300 HENNI IVENUE	d. Address:
Dearboan, M1 48126	
e. Phone No.: 134-692-7684	f. Phone No.:
g. Waste Common Name: TPH-SUI	
color: BLOCK/ Brown	Odor: Mikel-Oil
h. Special Waste Approval Number: 243-45-	
i. Customer Account Number: 6444	J. Containers K. L. Unit No. Type Quantity Wt/Vol DP - PLASTIC DRUM
	OI TR 25 T DF - FIBER DRUM BG - BAG TR - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned ma CFR 261 or any applicable state law; has been properly classified and packag according to applicable regulations.	terial is not a hazardous waste as defined by 40  OT - OTHER  UNITS P - POUNDS
X Brian Kelly Breakel	S FUT EPA OU 2605 T - TONS
Generator Authorized Agent Name Signature	Shipment Date O - OTHER
TRANSPORTE	R INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: INGANO WATERS	h. Name:
b. Address: 20215 SCHOEFER HWY	i. Address:
VETROIT MICHIGINA 48129	
c. Driver Name: Teis Wilhhimms	j. Driver Name:
d. Phone No. 3 - 84/- 3800 e. Truck No.: 20/4/4	k. Phone No.: I. Truck No.:
f. Vehicle License No./State: 192-65-5  Acknowledgement of Receipt of Materials Described Above.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.
9. Tel Melles ac 6 4 26 05	n
Driver Signature Shipment Date  DISPOSAL FACIL	Driver Signature Shipment Date  LITY INFORMATION
a. Site Name:	b. Phone No.:
c. Physical Address:	d. Mailing Address:
e. TICKET No.:	
I hereby certify that the material described above has been accepted	for disposal at this facility.
f Authorized Agent Name Signature	Shipment Date

White - Disposal Facility

Yellow - Transporter Copy

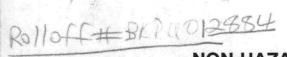
Pink - Generator 2nd Copy



	pt where signature is required. copies.	
	RATOR INFORMATION	
a. Generator Name: USFPH - N FURCER S	b. Generator Location:	
c. Address: 14300 HENNI SVENU	e d. Address:	
Dearborn, mI 48126		
e. Phone No.: 134-1092-71084	f. Phone No.:	
g. Waste Common Name: TPH-Soil		
color: Black / Brown	Odor: Mild-Oil	
h. Special Waste Approval Number: 243	-45 - 517Y	
i. Customer Account Number: 6444	Total Unit	TYPE DM - METAL DR
i. Customer Account Number:		DP - PLASTIC I
OF NED ATORIS OF DETERMINED	atr 25 T	BG - BAG TR - TRUCK OT - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above mer CFR 261 or any applicable state law; has been properly classified a according to applicable regulations.	ntioned material is not a hazardous waste as defined by 40 and packaged, and is in proper condition for transportation	UNITS P - POUNDS
* Brian 14e/1/ Breit	Wells For EPK 042605	Y - CUBIC YAN
Generator Authorized Agent Name Signature		O - OTHER
TRANSPORTER 1	PORTER INFORMATION  TRANSPORT	
TRANSF	PORTER INFORMATION  TRANSPORT  h. Name:	
TRANSPORTER 1  a. Name: Inland waters.  b. Address: 2021 S. schooler Huy	PORTER INFORMATION  TRANSPORT  h. Name:	
TRANSPORTER 1  a. Name: Inland waters.	PORTER INFORMATION  TRANSPORT  h. Name:	
TRANSPORTER 1  a. Name: Inland waters.  b. Address: 2021 S. schooler Huy	PORTER INFORMATION  TRANSPORT  h. Name:  i. Address:  j. Driver Name:	
TRANSPORTER 1  a. Name: Inland waters.  b. Address: 2021 S. schooler Huy  Action M. 49217  c. Driver Name: P. Alcandon  d. Phone No.: 312-841-5800 e. Truck No.: 90	PORTER INFORMATION  TRANSPORT  h. Name:  i. Address:  j. Driver Name:	
TRANSPORTER 1  a. Name: Inland waters.  b. Address: 2021 S. Schaeler Huy  Action M. 49217  c. Driver Name: P. Alcanden  d. Phone No.: 217-841-5800 e. Truck No.: 90  f. Vehicle License No./State: 4915 A. M. Acknowledgement of Receipt of Materials Described Above.	PORTER INFORMATION  TRANSPORT  h. Name:  i. Address:  j. Driver Name:  k. Phone No.:  m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Describe	I. Truck No.:
TRANSPORTER 1  a. Name: Inland waters.  b. Address: 2021 S. Schaeler Huy  Action M. 49217  c. Driver Name: P. Alcadead  d. Phone No.: 317-841-5800 e. Truck No.: 96  f. Vehicle License No./State: 4975 AC. M.	PORTER INFORMATION  TRANSPORT  h. Name:  i. Address:  j. Driver Name:  k. Phone No.:  m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Describe  n.	I. Truck No.:
TRANSPORTER 1  a. Name: Inquil waters.  b. Address: 2021 S. Schaeler Huy  Action M. 49217  c. Driver Name: P. Alcanden  d. Phone No.: 2/2-84/-5800 e. Truck No.: 90  f. Vehicle License No./State: 4975 A. Acknowledgement of Receipt of Materials Described Above.  g. Driver Signature Shipmer	PORTER INFORMATION  TRANSPORT  h. Name:  i. Address:  j. Driver Name:  k. Phone No.:  m. Vehicle License No./State: Acknowledgement of Receipt of Materials Describe	I. Truck No.:
TRANSPORTER 1  a. Name: Inquil waters.  b. Address: 2021 S. Schaeler Huy  Action M. 49217  c. Driver Name: P. Alcanden  d. Phone No.: 2/2-84/-5800 e. Truck No.: 90  f. Vehicle License No./State: 4975 A. Acknowledgement of Receipt of Materials Described Above.  g. Driver Signature Shipmer	porter information  Transport  h. Name:  i. Address:  j. Driver Name:  k. Phone No.:  m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Describe  n.  Driver Signature  FACILITY INFORMATION	I. Truck No.:
TRANSPORTER 1  a. Name: In and waters.  b. Address: 2021 S. Schaeler Huy  Action M. 49217  c. Driver Name: P. Alcanden  d. Phone No.: 217-841-5800 e. Truck No.: 96  f. Vehicle License No./State: 491 Acknowledgement of Receipt of Materials Described Above.  g. Driver Signature Shipmer  DISPOSAL  a. Site Name:	porter Information  Transport  h. Name:  i. Address:  j. Driver Name:  k. Phone No.:  m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Describe  n. Driver Signature  FACILITY INFORMATION  b. Phone No.:	I. Truck No.:
TRANSPORTER 1  a. Name: Inquil waters.  b. Address: 2021 S. Schaeler Huy  Action M. 49217  c. Driver Name: A (carled)  d. Phone No.: 317-841-5800 e. Truck No.: 96  f. Vehicle License No./State: 4975 Acknowledgement of Receipt of Materials Described Above.  g. Driver Signature Shipmer	porter information  Transport  h. Name:  i. Address:  j. Driver Name:  k. Phone No.:  m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Describe  n.  Driver Signature  FACILITY INFORMATION	I. Truck No.:
TRANSPORTER 1  a. Name: In and waters.  b. Address: 2021 S. Schaeler Huy  Action M. 49217  c. Driver Name: P. Alcanden  d. Phone No.: 217-841-5800 e. Truck No.: 96  f. Vehicle License No./State: 491 Acknowledgement of Receipt of Materials Described Above.  g. Driver Signature Shipmer  DISPOSAL  a. Site Name:	porter Information  Transport  h. Name:  i. Address:  j. Driver Name:  k. Phone No.:  m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Describe  n. Driver Signature  FACILITY INFORMATION  b. Phone No.:	I. Truck No.:

#### **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except whe Make sure information is transmitted on all copies	ere signature is required.
	R INFORMATION
a. Generator Name: 21SFPA - Al Forcer Site	b. Generator Location:
c. Address: 11/300 HeAINI AVENUE	d. Address:
Dearborn, M1 4/8/26	
e. Phone No.: 734-692-7684	f. Phone No.:
g. Waste Common Name: TPH Soil	
Color: BLACK / BILLIAN	Odor: Mild-Oil
h. Special Waste Approval Number: 243-75	- 5174
i. Customer Account Number: 6444	J. Containers K. L. Total Unit DM - METAL DRUM DP - PLASTIC DRUM
	01-TR 25 T DF - FIBER DRUM BG - BAG TR - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in CFR 261 or any applicable state law; has been properly classified and packa according to applicable regulations.	naterial is not a hazardous waste as defined by 40  OT - OTHER  aged, and is in proper condition for transportation  P - POUNDS
Brian Helly Braile	C T C CUBIC YARDS T - TONS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date  ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: tulous waters	h. Name:
b. Address: 2021 1 5-4-0-	i. Address:
1-trit n. 48217	
c. Driver Name: pake Hard	j. Driver Name:
d. Phone No.: 313-24/-5700 e. Truck No.: 90	k. Phone No.: I. Truck No.:
f. Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	nShipment Date
	ILITY INFORMATION
a. Site Name:	b. Phone No.:
c. Physical Address:	d. Mailing Address:
e. TICKET No.:	
I hereby certify that the material described above has been accepte	d for disposal at this facility.
fAuthorized Agent Name Signature	Shipment Date
White - Disposal Facility Yellow - Transporter Copy	Pink - Generator 2nd Copy Gold - Generator 1st Copy



#### **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except whe Make sure information is transmitted on all copies.	ere signature is required.
The state of the s	R INFORMATION
a. Generator Name: USEPA - N FOTCER SITE	b. Generator Location:
c. Address: 14300 HENINI AVENUE	d. Address:
Dear Work M1 481210	
e. Phone No.: 134-692-7684	f. Phone No.:
g. Waste Common Name: TPH SOIL	
Color: BLACK/ Brown	
h. Special Waste Approval Number:	
i. Customer Account Number: 6444	J. Containers K. L. Total Unit TYPE No. Type Quantity WvVol DM - METAL DRUM
	OTTR 25 T DP - PLASTIC DRUM DF - FIBER DRUM BG - BAG
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned machine the company of the	
according to applicable regulations.	P - POUNDS Y - CUBIC YARDS T - TONS
Generator Authorized Agent Name Signature	Shipment Date O - OTHER
TRANSPORTE	ER INFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: THEAMS WILTERS	h. Name:
o. Address: 2021 5 SCHREFER HINV	i. Address:
DETROIT INZ 4/8/29	
Driver Name: TED WILLIAMS	j. Driver Name:
. Phone No.: 3 -54/-5800 e. Truck No.: 20149	k. Phone No.: I. Truck No.:
Vehicle License No./State:/3 4 6 5 5 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	m. Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.
Driver Signature Shipment Date	n. Driver Signature Shipment Date
	LITY INFORMATION
. Site Name:	b. Phone No.:
Physical Address:	d. Mailing Address:
TICKET No.:	
hereby certify that the material described above has been accepted	f for disposal at this facility.
hereby certify that the material described above has been accepted	d for disposal at this facility.

Rolloff # 025/72

#### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Make sure information is transmitted on all copies.	e signature is required.	
GENERATOR	INFORMATION	
a. Generator Name: USEPH REGION V	b. Generator Location: M-Funder	Site
c. Address: 93/1 Groh Bd	d. Address: 14300 HENIN	St
Grosse He M1 (3/8/38	Dearborn MI	481240
	f. Phone No.:	
g. Waste Common Name: Abbebtos Contain	inated Soil & del	11/3
	Odor: None	
h. Special Waste Approval Number: 242 - Y5 - 4917		
i. Customer Account Number: 1011111	j. Quantity Type Units	TYPE DM - METAL DRUM DP - PLASTIC DRUM
CENERATORIS CERTIFICATION. I haveby portify that the above mentioned		DF - FIBER DRUM BG - BAG
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and package according to applicable regulations.		TR - TRUCK OT - OTHER
according to applicable regulations.	Era III	P - POUNDS
Generator Authorized Agent Name Signature	Shipment Date	Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	R INFORMATION	O - OTHER
TRANSPORTER 1	TRANSPORT	ED 2
a. Name: INLAND WATELS	h. Name:	
b. Address: 2021 S SCHAFER HWY	i. Address:	
DETROIT, MI.	i. Addiess.	
c. Driver Name: PPELARGERI PRINT/TYPE	j. Driver Name:	
(313) QUIE 800 20118	PRINT/TYPE	*
500000	k. Phone No.:I. Tr	uck No.:
f. Vehicle License No./State:  Acknowledgement of Receipt of Materials Described Above.	m.Vehicle License No./State:  Acknowledgement of Receipt of Materials	s Described Above.
VI- elant. 042306		
g. Driver Signature Shipment Date	n. Driver Signature	Shipment Date
DISPOSAL FACII	ITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: _734-397-7343	
	d. Mailing Address: 5011 South Lille	v Boad
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48	
e. TICKET No.:	Р,	
I hereby certify that the material described above has been accept	ed for disposal at this facility	
Thereby certary that the material described above has been accept	ed for disposal at this facility.	
f. Name of Authorized Agent Signature	Receipt Date	
	ESTOS	
a. Operator's Name: 45 E PA Rocjon 5 1 - Force	b. Operator's Phone No. 734-69	2-7684
c. Operator's Address: 14300 Henn Des	1. born mr 4	8126
a. Operator's Name: USEPA ROGIONS No Force)  c. Operator's Address: 14300 He un Dec  d. Special Handling Instructions and additional information: 45	ger ashestes	
OPERATOR'S CERTIFICATION: I hereby declare that the contents shipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	of this consignment are fully and accurately	described above by proper
e. Operator's Name & Title: 13 rich Kelly 03C	Operator's Signature	A 0 4 23 0 5
f. Name and address of responsible agency:		
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028 LANSING, MI 48909	URAL RESOURCES	
g. 🖫 Friable; 🔲 Non-friable; 🔲 Both	% friable%	non-friable
		e itter i i i i i i i i i i i i i i i i i i i
*Operator refers to the company which owns, leases, operates, controls, or su		

Rolloff # 01277/

# SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

	R INFORMATION	
a. Generator Name: USKPH MEGICAL V	b. Generator Location: N-FOTCE	Site
c. Address: 9311 Grob Ad	d. Address:	AVENUE
Grosse Ile MEn \$8138	Dearborn MI	48126
e. Phone No.: 734-192-7550 7684	f. Phone No.:	
	aminated soil & det	M/3
	Odor: MONE	
h. Special Waste Approval Number: 242-45-454	7	* 30.24%
Customer Account Number:	j. Quantity Type Units	TYPE DOUBLE
	00025 TR T	DM - METAL DRUM DP - PLASTIC DRUM DF - FIBER DRUM
GENERATOR'S CERTIFICATION: I hereby certify that the above mentione		BG - BAG TR - TRUCK
40 CFR 261 or any applicable state law; has been properly classified and paraccording to applicable regulations.	ckaged, and is in proper condition for transportation	OT - OTHER UNITS
Bi Vally Branch	6 5 50 042305	P - POUNDS Y - CUBIC YARDS
Generator Authorized Agent Name Signature	Shipment Date	T - TONS O - OTHER
TRANSPORT	ER INFORMATION	
TRANSPORTER 1	TRANSPORT	TER 2
a. Name: INLAND U/A TERS	h. Name:	
D. Address: 26345 KING RD	1.75 < 3.1	
b. Address: 20 110	i. Address:	
-1 11 = =		, A
c. Driver Name: F. L. Alphaner	j. Driver Name:PRINT/TYPE	7
d. Phone No.: 734479 326 e. Truck No.: 2340	k. Phone No.:I. T	ruck No.:
. Vehicle License No./State: RU 3978	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Material	s Described Above.
19 1 1 1 1 1 2 3 a	₫ n	
Driver Signature Shipment Date	Driver Signature	Shipment Date
DISPOSAL FAC	CILITY INFORMATION	
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343	
	d. Mailing Address: 5011 South Lille	y Road
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48	
TICKET No :		
	ented for disposal at this facility	
e. TICKET No.:  I hereby certify that the material described above has been acce	epted for disposal at this facility.	
	epted for disposal at this facility.	
I hereby certify that the material described above has been acce		
I hereby certify that the material described above has been access.  Name of Authorized Agent  Signature	Receipt Date	
I hereby certify that the material described above has been accelled.  Name of Authorized Agent  Signature  AS	Receipt Date	/07-7/ VU
I hereby certify that the material described above has been accepted.  Name of Authorized Agent  AS  A. Operator's Name:	Receipt Date BESTOS  b. Operator's Phone No	692-76 84
I hereby certify that the material described above has been access.  Name of Authorized Agent  AS  a. Operator's Name:  C. Operator's Address:	BESTOS  b. Operator's Phone No.	692-7684
I hereby certify that the material described above has been accent.  Name of Authorized Agent  Signature  AS  a. Operator's Name:	BESTOS  b. Operator's Phone No.	692-76 84
I hereby certify that the material described above has been access.  Name of Authorized Agent  AS  a. Operator's Name:  C. Operator's Address:  D. Operator's Address:  OPERATOR'S CERTIFICATION: I hereby declare that the contents of the co	BESTOS  b. Operator's Phone No.  this of this consignment are fully and accurately	described above by pro
I hereby certify that the material described above has been access.  Name of Authorized Agent  AS  a. Operator's Name:  C. Operator's Address:  DOPERATOR'S CERTIFICATION: I hereby declare that the contenshipping name and are classified, packed, marked, and labeled, and to applicable international and government regulations.	BESTOS  b. Operator's Phone No.  this of this consignment are fully and accurately and are in all respects in proper condition for training and are in all respects in proper condition for training and are in all respects in proper condition for training and are in all respects in proper condition for training and are in all respects in proper condition for training and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and accurately and are in all respects in proper condition for training and accurately and accurately and are in all respects in proper condition for training and accurately and accurately and are in all respects in proper condition for training and accurately accuratel	described above by pronsport by highway accord
I hereby certify that the material described above has been accepted.  Name of Authorized Agent  AS  a. Operator's Name:  C. Operator's Address:	BESTOS  b. Operator's Phone No.  this of this consignment are fully and accurately and are in all respects in proper condition for training and are in all respects in proper condition for training and are in all respects in proper condition for training and are in all respects in proper condition for training and are in all respects in proper condition for training and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and are in all respects in proper condition for training and accurately and accurately and are in all respects in proper condition for training and accurately and accurately and are in all respects in proper condition for training and accurately and accurately and are in all respects in proper condition for training and accurately accuratel	described above by pronsport by highway accord
I hereby certify that the material described above has been access.  Name of Authorized Agent  AS  a. Operator's Name:  C. Operator's Address:  DOPERATOR'S CERTIFICATION: I hereby declare that the contents of applicable international and government regulations.  B. Operator's Name & Title:  Print/Type  F. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAME OF THE AGENT AGE	BESTOS  b. Operator's Phone No.  this of this consignment are fully and accurately and are in all respects in proper condition for training of the consignment are fully and accurately and are in all respects in proper condition for training of the consignment are fully and accurately and are in all respects in proper condition for training of the consideration of	described above by pronsport by highway accord
I hereby certify that the material described above has been access.  Name of Authorized Agent  AS  a. Operator's Name:  C. Operator's Address:  C. Operator's Address:  DPERATOR'S CERTIFICATION: I hereby declare that the contents of applicable international and government regulations.  E. Operator's Name & Title:  Print/Type  f. Name and address of responsible agency:  AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF Name and access of the print/Type of the print	Receipt Date  BESTOS  b. Operator's Phone No.  Ints of this consignment are fully and accurately and are in all respects in proper condition for train operator's Signature  ATURAL RESOURCES	described above by pronsport by highway according to the property of the prope

White - Disposal Facility

Yellow - Transporter Copy

Pink - Generator 2nd Copy



#### SAUK TRAIL HILLS DEVELOPMENT NON-HAZARDOUS SPECIAL WASTE MANIFEST

Directions: Print or type all information except whe Make sure information is transmitted on all copies.	re signature is required.
	INFORMATION
	b. Generator Location: M-Ferger Site
	d. Address: 1430 Henn Avenue
	Dearty Int 481210
e. Phone No.: 734-1692 - 4766 7684	f. Phone No.:
g. Waste Common Name: 10bestus contain	inated soil & debris
	Odor: AKDE
h. Special Waste Approval Number: 2112 - 15 - 1/8/7	
i. Customer Account Number:	j. Quantity Type Units    DM - METAL DRUM   DP - PLASTIC DRUM   DF - FIBER DRUM   DF
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned 40 CFR 261 or any applicable state law; has been properly classified and package according to applicable regulations.	aged, and is in proper condition for transportation  TH - THUCK OT - OTHER  UNITS
Generator Authorized Agent Name Signature	Shipment Date  P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER
TRANSPORTE	RINFORMATION
TRANSPORTER 1	TRANSPORTER 2
a. Name: Infance waters	h. Name:
b. Address: 2021 f. senseles Hary	i. Address:
Potoci + M: 44217	
c. Driver Name: M. Bland PRINT/TYPE	j. Driver Name:
d. Phone No.: 111-4-11 8 800 e. Truck No.: 90	k. Phone No.:I. Truck No.:
f. Vehicle License No./State: 497546	m.Vehicle License No./State:
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.
g. Driver Signature Shipment Date	n. Driver Signature Shipment Date
DISPOSAL FACI	LITY INFORMATION
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT	c. Phone No.: 734-397-7343
b. Physical Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA
e. TICKET No.:	
I hereby certify that the material described above has been accept	
Thereby certify that the material described above has been accept	ted for disposal at this facility.
f. Name of Authorized Agent Signature	Receipt Date
	BESTOS
a Operator's Name: U.S. E.P.A. Roc. 5 N Forcer	b. Operator's Phone No. 734-695-7684
might.	born MI 45126
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents	of this consignment are fully and accurately described above by proper are in all respects in proper condition for transport by highway according
e. Operator's Name & Title: Brian Kelly OSC Print/Type	Operator's Signature Date
f. Name and address of responsible agency:	
AIR QUALITY DIVISION, MICHIGAN DEPARTMENT OF NAT PO BOX 30028	TURAL RESOURCES
LANSING, MI 48909	
g. Friable; Non-friable; Both	% friable% non-friable
*Operator refers to the company which owns, leases, operates, controls, or su operation, or both.	upervises the facility being demolished or renovated, or the demolition or renovation

Rolloff # 026/6/ -1420
SAUK TRAIL HILLS DEVELOPMENT

### **NON-HAZARDOUS SPECIAL WASTE MANIFEST**

Directions: Print or type all information except when	e signature is required.	
Make sure information is transmitted on all copies.  GENERATOR	INFORMATION	
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	b. Generator Location: A Fuger 5,1e	
c. Address: 9311 Gron Rd	171mm at 171 A management	
	Dearbory DA 48126	
Mail 1/20 175 127/01/	f. Phone No.:	
g. Waste Common Name: 10000105 Conton	The state of the s	
Color: Brown/Black W/debris	Odor: None	
h. Special Waste Approval Number: 242- 15- 1/817	,	
i. Customer Account Number:	j. Quantity Type Units TYPE DM - METAL DRUM	
	DP - PLASTIC DRUM DF - FIBER DRUM	
GENERATOR'S CERTIFICATION: I hereby certify that the above mentioned in 40 CFR 261 or any applicable state law; has been properly classified and packa	ged, and is in proper condition for transportation	
according to applicable regulations.	UNITS	
Generator Authorized Agent Name Signature	Shipment Date  P - POUNDS Y - CUBIC YARDS T - TONS O - OTHER	
TRANSPORTE	R INFORMATION	
TRANSPORTER 1	TRANSPORTER 2	
a. Name: In kind water	h. Name:	
b. Address: 2021 S School Hay	100	
0-trust mi. 48127	1	
c. Driver Name: R Miles Wood PRINT/TYPE	j. Driver Name:	
d. Phone No.: 317- 8-41-8-90 e. Truck No.: 90	k. Phone No.:	
f. Vehicle License No./State:	m.Vehicle License No./State:	
Acknowledgement of Receipt of Materials Described Above.	Acknowledgement of Receipt of Materials Described Above.	
g. Driver Signature Shipment Date	n Shipment Date	
DISPOSAL FACIL	ITY INFORMATION	
West:		
a. Site Name: SAUK TRAIL HILLS DEVELOPMENT		
AND	d. Mailing Address: 5011 South Lilley Road	
Canton Township, Michigan 48188 USA	Canton Township, Michigan 48188 USA	
e. TICKET No.:		
I hereby certify that the material described above has been accept	ed for disposal at this facility.	
f. Name of Authorized Agent Signature	Receipt Date	
ASBESTOS		
a. Operator's Name: USEPA Reg 5 N-Forcer	b. Operator's Phone No. 734 - 692-7684	
c. Operator's Address: 14 300 Phys. Neu	bun MI 48/26	
d. Special Handling Instructions and additional information:	Der ashestos	
d. Special Handling Instructions and additional information:		
shipping name and are classified, packed, marked, and labeled, and	are in all respects in proper condition for transport by highway according	
to applicable international and government regulations.		
e. Operator's Name & Title:  Print/Type	Brail Coperator's Signature Date	
	Brail Coperator's Signature Date	
e. Operator's Name & Title: Brink/Type		
e. Operator's Name & Title:    Brint/Type	URAL RESOURCES	

Yellow - Transporter Copy

Pink - Generator 2nd Copy

Gold - Generator 1st Copy

White - Disposal Facility